

TOWARDS A PSYCHOLOGICAL UNDERSTANDING OF
PROBLEMS ENCOUNTERED IN EARLY
EXTRAFAMILIAL ADOPTION

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Thesis submitted in partial fulfilment of
the requirements for the degree of
Master of Science in Clinical
Psychology

University of Cape Town 1983

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OEDIPUS: Let all come out,
However vile! However base it be,
I must unlock the secret of my birth.
The woman, with more than woman's pride, is shamed
By my low origin. I am the child of Fortune,
The giver of good, and I shall not be shamed.
She is my mother; my sisters are the Seasons;
My rising and my falling march with theirs.
Born thus, I ask to be no other man
Than that I am, and will know who I am.

(Sophocles, Oedipus Rex)

To my mother

ACKNOWLEDGEMENTS

I would like to thank the X. family, and particularly Heidi, for providing the initial inspiration for this thesis; Cyril Couve, my supervisor for his enthusiasm, constructive criticism and support especially during the period of my lengthy illness; teachers, colleagues, family and friends for their support during the time of writing this thesis; Jane Hutchings and Jeanne Fine for their efficient typing; Jennifer Stills and Thelma Chiat, for their painstaking proofreading; Hayden Proud for his assistance with the photographic reproductions included in the thesis; the Human Sciences Research Council and the University of Cape Town for financial assistance; and lastly Alex, who provided a creative atmosphere which facilitated my work, and to whom chapter III is dedicated.

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ABSTRACT

Early extrafamilial adoption is a valuable form of child care which may fulfil both the needs of infertile couples and of unwanted children. The aim of this thesis is to provide a review, which appears to be lacking in this under-researched area, of the issues pertinent to the psychological understanding of adoption. The detailed discussion of a clinical case study serves to illustrate some of the psychological issues already documented and to open further avenues of investigation.

An extensive review of the literature available has revealed that (a) a vast amount of material has been written from a social casework viewpoint, with a predominantly pragmatic emphasis; and (b) in comparison, relatively little psychologically-oriented research has been undertaken. Drawing on recent work on the psychological processes accompanying pregnancy, a tentative comparison between the experiences of the biological mother and the adoptive mother in the period culminating in the acquisition of a baby has been outlined. A detailed clinical case study of nine month long psychotherapy with a young adopted child has illustrated some of the psychological issues raised in the extensive review and has revealed remarkable similarities with observations made independently in other parts of the world.

Although observations were based only on a single case study, a number of hypotheses have been generated from the richness of the descriptive material. It is argued that adoption

should be located in a developmental framework. It seems important that the adoptive parents have had the opportunity to work through issues associated with infertility and sexuality. Furthermore, with respect to revelation, besides difficulties experienced by the adoptive parents, it is hypothesized that the ego precocity of the adoptee may prompt the parent/s to tell at an early age and/or give detailed information for which the child is not developmentally ready. It is proposed, on the basis of the case material and the literature survey, that adoption themes (for parent and child) become intertwined with developmental concerns.

A provisional set of guidelines which may prove useful to the psychotherapist is outlined in the final chapter, together with recommendations for future research, both empirical and theoretical, with clinical and non-clinical populations.

CHAPTER I

INTRODUCTION : A SELECTIVE REVIEW OF THE MAJOR ISSUES PERTINENT TO EARLY EXTRAFAMILIAL ADOPTION

1.1 Aim

This first chapter is intended to provide the reader with an overall perspective of the field of extrafamilial adoption. A selective literature review will be presented in which certain aspects of the broad area of adoption, chosen for their pertinence to the particular focus of this thesis, namely the problems encountered in early extrafamilial adoption, will be highlighted. The survey of the literature will include a consideration of general issues related to the central topic. Proposed psychological understandings of the experiences of adoptive parents and adoptees will form the focus of Chapter II. In this opening chapter, the following issues will be dealt with: (1) Definitions of the different forms of adoptions will be presented. (2) A brief historical overview of the practice will aim to place the notion and form of child care in a chronological perspective. (3) Research findings with respect to the characteristics of the biological parents and the adoptive parents will be described. (4) An introduction to the issue of infertility will be presented. (5) The nature of the psychopathology of referred adopted children, along with the research into the possible factors contributing

to problems in adoptive families will be considered. (6)

The chapter will end with a brief review of a variety of issues such as matching, revelation, the sealed record controversy, transracial adoption and adoption in the context of other forms of child care such as fostering, residential care and restoration to the original parents.

1.2 Definitions

Definitions of the terms 'adoption' and its various forms such as dependent versus independent arrangements, and extra- and intrafamilial adoption will be considered below.

Schwam and Tuskan provide a good starting description:

"The adopted child is defined by the fact that one or more adults who are not his biological parents become recognised before the law as his parents."

(Schwam and Tuskan, 1979, p.342)

The important element in adoption is that the adoptive parents assume full responsibility for the care and provision, material, psychological and educational, of and for the child. Attention must be drawn to the important differences between adoption and foster care. With respect to the latter, (1) the foster parents are not given the legal status of parental responsibility, nor (2) are they required to provide for the financial needs of the child; (3) foster care is most often entered into, on a temporary basis, and (4) foster

parents are paid an allowance for the maintenance of the child. Adoption thus signifies a formation of a permanent family group, once the period of probation, lasting at least three months, has passed.

The terms, 'intrafamilial' and 'extrafamilial' adoptions (Bernard, 1974; Hersov, 1977) refer to the nature of the kinship tie of the adoptee to the adoptive parent/s. Intrafamilial adoption refers to adoption by a relative of the adoptee, in contrast to the second term which refers to adoption by a family bearing no blood relationship or kinship through marriage to the family of origin.

Two broad categories describing adoption (Colon, 1978) are based on the age of the adoptee:

- (1) Early adoption, where the child is placed as quickly and as soon as possible in a permanent home; and
- (2) late adoption which involves placement at a later age after the child has been removed either from the home of her/his natural parents or from foster care.

Arrangements for adoption may be made in two ways: (1) through the services of an adoption agency, and (2) informally through a third party such as a doctor, nurse, lawyer. The first kind of arrangement is termed a 'dependent' adoption (Smith, 1963) in that the decision of placement depends on the evaluation carried out by the agency. According to this arrangement, both the biological parent/s and the prospective adoptive parents approach the agency. Evaluation includes

(a) on the biological parents' side, an assessment of the appropriateness of their decision to relinquish the child; (b) on the applicant's side, a determination of their suitability for adoptive parenthood; and (c) an assessment of the adoptee's physical and developmental fitness. Psychological assessments of the child's intellectual functioning may be undertaken.

In South Africa, the information gathered during the period of evaluation, and the agency's recommendations are summarised in a comprehensive report which is presented to the Commissioner of Child Welfare. She/he then considers the formal application for the legal document of the adoption order.

In contrast, the term 'independent adoption' (Witmer, Herzog, Weinstein and Sullivan, 1963) refers to a less formal arrangement which does not include agency involvement. An independent adoption may occur in two ways. The biological parent may make a private arrangement with someone willing to adopt a child. For adoption to be legalised, the biological parent will have to sign consent and the opinion of a third party such as doctor, lawyer or even friend as to the suitability of the adopters will be sought. A second way in which independent adoptions occur, is through the arrangements of a third party. For example, a doctor who knows both that a couple is infertile and that an unwanted child will be born to a single adolescent mother may organize an adoption without the aid of the screening procedures of an agency. In such cases, the Commissioner would rely on the report of the third party for the granting of an adoption order.

Another differentiation that is made in adoptions is based on the kind of consent given by the biological parent/s.

"Disclosure" consent refers to the situation when the names of the proposed adoptive parents are known to the biological parents, whilst "non-disclosure" consent refers to the consent which does not set out the names of the adoptive parents. The latter kind is accepted, with Ministerial approval, on the application of the prospective adoptive parents, and provided that the child's parent/s or guardian agrees that the names of the proposed adopters, be not disclosed to them, and that such non-disclosure will serve the interests of the child (Guide to Adoption Practice, 1972).

1.3 Brief Historical Overview of Adoption

In this section, a brief historical sketch of the practice of adoption will be presented. Adoption is an age-old practice. As Sorosky, Baran and Pannor (1978) point out, "ancient records, legends and myths are replete with references to adoption and the needs of adoptees to unravel the mystery of their origins" (p. 25). Maine (1861) has argued that adoption is probably the most universal method employed by societies in all ages to ensure the continuity of the family. Adoption themes run through mythology, literature and drama, ranging from the classical works (for example, Sophocles' Oedipus Rex , through Shakespeare (The Winter's Tale) to modern times (Edward Albee's American Dream).

The most well-known myth which expresses the struggles of the adoptee is that of Oedipus, who cries

"I must pursue this trail to the end,
till I have unravelled the mystery of
my birth."

(Sophocles, 1947, p.55)

The plight of the adoptive parents is also expressed in mythology. The need of the adopters to make the adopted child the same as if he/she were born to them may be seen clearly in Diodorus Siculus' description of Hero's adoption of Hercules:

"The Goddess got into bed and clasping
the burly hero to her bosom, pushed him
through her robes and let him fall to the
ground in imitation of real birth."

(Frazer, 1922, p. 14)

Presser (1972) in his review of the historical background to the American law of adoption reports that primitive tribes continue this practice to the present time.

Tizard (1977) has drawn attention to the forms adoption has taken in certain cultures. She cites:

" ... the custom of child exchange, or
kinship fostering, formerly prevalent in
Polynesia and parts of Africa. In these
societies children were often not reared by
their biological parents but sent to be
raised by relatives, sometimes after weaning,
sometimes from the age of six or seven.
The exchange of children was arranged by the
parents, who continued to maintain some

contact with their biological child.

It was believed that aunts, uncles and grandparents would bring children up and train them more effectively than their parents. This custom of child exchange seems to have been part of a system of mutual kinship obligations."

(Tizard, 1977, p.3)

Adoption played a very different role in ancient civilizations such as Babylon, Rome and China. Its function seems to have been primarily in the ensurance of the continuity of wealthy families by providing for the inheritance of property and the performance of ancestor worship.

Sorosky, Baran and Pannor (1978) report that the adoptee was prohibited from mentioning his/her adoptive status. If reference to this fact was made, four thousand years ago, the adoptee's tongue would be cut out and if the adoptee embarked upon a search for her/his biological family, then she/he would be blinded in punishment. Sorosky, Baran and Pannor quote the Code of Hammurabi, a part of Babylonian law, which was clear in its strictures governing adoption:

"If a man take a child in his name, adopt and rear him as a son, the grown-up son may not be demanded back. If a man adopt a child as his son, after he has taken him, he transgresses against his foster-father; that adopted son shall return to the house of his own father."

(quoted in Sorosky, Baran and Pannor, 1978, p.25)

Such admonitions must be viewed in the context of the emphasis placed on blood ties in ancient times. The meaning of the blood tie, according to Sorosky, Baran and Pannor (1978), was "so strong that the only acceptable method of initiating nonrelatives was to make them artificially blood relatives by adoption" (p.26). Adoption into the group, therefore, meant complete severance from one's original family or group, with the promise of allegiance and total loyalty to the new family. Thus, a search for origins on the part of the adoptee or questioning of one's true identity was construed as a contradiction of the promised arrangement. The nature of the law, quoted above, may be interpreted, on one level, as reflecting the fears of the adopters and the feelings of the adoptees.

Adoption was practised by the Egyptians and the Hebrews. Perhaps one of the most famous examples is the story of Moses who was found and adopted by Pharaoh's daughter. It must be noted that this adoption was not a typical early extrafamilial one, as Moses' biological mother, in the guise of a servant to Pharaoh's daughter, continued to look after him.

Although adoption occurred in ancient times and was "referred to in almost all ancient law, it was not until the Roman Empire, with its highly organized institutions (Sorosky, Baran and Pannor 1978, p.26) that a fuller account of the evolution in society appeared. According to Roman law, two kinds of adoption were recognized: adoption of children under the patria potestas control of parents; and arrogation, which applied

to persons sui juris without a family or who were adults.

Continuity of the adopter's family was the primary purpose in both instances, with the adoption accompanied by highly developed religious rituals symbolizing the severance of old family ties and the assumption of binding new ones. Child adoption by barren couples was positively sanctioned by society. In contrast, however, adoptions of adults caused much controversy. It is known that Cicero disapproved of one such adoption, and in a speech, expressed the following opinion:

"Clearly, ... adoption of children should be permissible to those who are no longer capable of begetting children and who, when they were in their prime, put their capacity for parenthood to the test."

(quoted in Sorosky, Baran and Pannor, 1978, p.27)

Thus, up until the Roman period, adoption occurred through arrangements organised by families themselves. With the establishment of the Roman Empire, adoption became legalised. The emphasis of the Roman 'system' of adoption was on the nuclear family as a basic unit and the strict control of the individual's rights by the head of his/her family. However, by the time of Justinian about five hundred years after Christ, the individual was regarded much more clearly as a member of society than as a member of his/her family, with a concurrent shift in allegiance and loyalty. Justinian's code of law seemed to reflect this difference in its indication that the adoptee would and usually did retain the right of inheritance from his/her natural father.

Having focused predominantly on early adoption practices in the Western world, it is interesting to note some of the methods in the East. Presser (1972) reports that fear of death in the absence of leaving a male descendant to care for one's ashes, grave, and wandering spirit led to an ancient Chinese custom which allowed a childless male to claim the first-born child of any of his younger brothers. In Hindu India, adoption has always been a well-established custom where the degree of closeness between the adopter and adoptee is of great importance. Hindu law describes twelve possible varieties of adoption; all twelve variations are united by a motive to provide a lineage for a family. Benet (1976) has pointed to the changes in traditional Hindu adoption law as a result of English rule, culminating in a mixture of English and Eastern philosophy and law.

Implicit in the practices of adoption described above is the emphasis on the needs of the adopters, rather than on the needs of the child. Sorosky, Baran and Pannor describe how the welfare of the child is a relatively modern concept - they draw attention to the practice of infanticide both in ancient and relatively modern times:

"Unwanted children in ancient and primitive societies were disposed of early by infanticide, which was widely practised; the children that remained were presumably wanted but their individual welfare was not a matter of concern. As recently as the mid-nineteenth century (December 12, 1857), the New York Times printed an article in which child welfare reformers deplored the continued

practice of infanticide among the poor in New York City."

(Sorosky, Baran and Pannor, 1978, p.28)

In Great Britain, legal adoption was not accepted until the Adoption of Children Act of 1926. Prior to legal adoption possibilities, a kind of non-legal adoption, in the form of apprenticeship, existed for many centuries in Britain. This institution of apprenticeship, or "putting out" as it came to be called, did not provide inheritance or perpetuation of the family line, but gave the child an opportunity to feel a sense of belonging towards a second family. Between the thirteenth and seventeenth centuries this practice spread in Britain to all economic and social classes. Families exchanged children in order to offer them special advantages. The poor would try to place their children with wealthier families in order that they might attain better opportunities. Thus the practice of "putting the child out" was designed to guarantee the best interests of the child (Sorosky, Baran and Pannor, 1978). The apprenticeship system was a useful one for dealing with dependent, orphaned children.

In South Africa, legal provisions were first made for adoption in 1923 (Boberg, 1977). Similar to the "best interests" formula which was a consistent trend in the United States during the hundred years between the 1850's and the 1950's (Presser, 1972), the emphasis in South Africa was laid on the interests of the child rather than primarily those of the adoptive parents. More recently, however, focus has

been extended to the involvement of all three parties, namely the biological parents, the child and the adoptive parents:

"The welfare of the child is ... the cardinal factor, but interwoven with this are the interests and needs of the biological parents and those of his adoptive parents ..."

(Guide to Adoption Practice, 1972, p.3)

In recent years a decreased availability of babies for adoption has been noted (Bernard, 1974; Tizard, 1977; Hersov, 1977). Hersov (1977) has identified the possible contributing factors summarised below:

- (i) the falling birth rate resulting from the wider use of contraception and the increasing number of legal abortions;
- (ii) changing societal attitudes to illegitimacy;
- (iii) the provision of supplementary benefits, day care facilities and more reasonable chances of employment to unmarried mothers, thus making unmarried single motherhood a possibility.

In view of the deficit of babies available for adoption, attention has been given to the placement of children with special needs, that is, handicapped (Franklin and Massarik, 1969a,b,c); retarded (Gallagher, 1968) and older, harder-to-place children (Kadushin, 1970). In addition, the practices of transcultural and transracial adoption (Grow and Shapiro, 1974, 1975; Jones, 1972; Kim, 1977; Ladner, 1977) have emerged. The

issue of transracial adoptions, particularly in the South African context, will be focused on briefly in Section 1.9.

1.4 The Natural Parents

Although the issues of illegitimacy and unplanned pregnancy have received much attention, the attitudes held by the biological parents to adoption have not been studied in any great depth. Sorosky, Baran and Pannor (1978) appear to be attempting to change this state of affairs through their current research on the impact of biological parent-adoptee reunions "on adoptees, adoptive parents, birth parents, and professional practice" (Pannor, Baran and Sorosky, 1978, p.329).

Natural parents may decide to offer their children for adoption for a number of reasons. Research (Schwam and Tuskan, 1979; Hersov, 1977) shows that the majority of prospective adoptees are provided by unmarried mothers. Children from broken homes, that is those troubled by marital discord, divorce and parental absence, also form part of the adoptee population. Children of reconstituted families and those who have suffered the loss of a parent/s may also be legally adopted. Less frequently, children born as a result of incestuous relationships or rape may be relinquished for adoption.

Since the focus of this thesis is on early extrafamilial adoption, and a large proportion of children adopted according to this 'model' are made available by unmarried young mothers and fathers (Hersov, 1977), a brief review follows of the major issues discussed in the literature concerning these

natural parents.

1.4.1 The unmarried mother

Counselling of the unmarried mother forms part of the services provided by adoption agency workers. Consideration is given to the emotional factors accompanying the decision-making, the negotiation of the loss of her child, the curiosity and concern about the well-being of her child and other issues that may arise which are associated with the particular women's problem and background.

A number of psychodynamically oriented explanations of out-of-wedlock pregnancies have been proposed (Clothier, 1943; Young, 1954; Deutsch, 1945). Hersov cites Lewis' (1971) view of illegitimate adolescent pregnancy as:

" ... a manifestation of adolescent upset in which unconscious wishes, depression, impulsive acting-out and other psychological factors interact with social permissiveness and self-fulfilling prophecies by parents."

(Hersov, 1977, p.144)

Anderson, Kenna and Hamilton hold an opposing view:

"... in 76% of the cases studied the pregnancy followed naturally enough from the pursuit of adolescent practices normal to the whole society."

(Anderson, Kenna and Hamilton (1960) quoted in Hersov, 1977, p. 144)

It has been argued that psychodynamic explanations, despite their value and applicability, do not extend to the entire group of unmarried mothers. Pauker (1969), for example, contends that a large share of the 'causation' may be ascribed to chance, particularly among adolescent girls pregnant for the first time. It seems that the reasons for out-of-wedlock pregnancies are manifold and as Hersov concludes:

"No one explanation covers the entire spectrum of out-of-wedlock pregnancies."

(Hersov, 1977, p.144)

1.4.2 The biological father

Until relatively recently (Anglim, 1965; Pannor and Evans, 1967; Pannor, Massarik and Evans, 1971), the biological father of the adoptee had not been considered in psychological studies. Research (Pannor and Evans, 1967; Pannor, Massarik and Evans, 1971) has shown that the myths surrounding the unmarried father, especially ones of the villainous variety, lack substantiation:

"It has been demonstrated that he [the unmarried father] is not the irresponsible "swinger" he has been reputed to be. He is usually concerned about the pregnancy and has greater concern about his offspring than has hitherto been recognized. In most cases he is willing to co-operate in pre-adoption planning, and, in many cases where efforts are made to reach out to him, he is willing to come in for counselling."

(Pannor, Baran and Sorosky, 1978, p.331)

Anglim (1965) argues that the negative nature of the representation of the natural father may be understood in terms of the lack of information about him usually provided to the adoptive parents, thereby prompting the child to develop one of two images of the man:

- (a) the villain who shunned all responsibility and victimized the biological mother; or
- (b) no image at all - as if the child has only one parent. Anglim makes a plea for background information of the father to be obtained from the biological mother and communicated to the adoptive parents and later by the latter to the child, and encourages equal emphasis on both natural parents during the pre-adoption planning.

Pannor, Baran and Sorosky (1978) have reported that the natural parents spoke quite openly about their mutual relationships in interviews "years after they had relinquished children for adoption" (p.333). This stands

"in contrast to reports from many agencies ..., where social workers frequently report that little or no information is available because the birth mothers refuse to name the father and claim that the relation was a fleeting, casual one."

(Pannor, Baran and Sorosky, 1978, p.333)

In situations where the biological mother is reluctant to

give information or clearly resists any disclosure, no further enquiries are often made and consequently, "little or no data are available about the father" (ibid, p.333).

It seems that access to information about the biological father may aid in an endeavour towards dispelling popular myths of "non-caring, irresponsible" people who were "sowing wild oats" (ibid, p.333) and who were minimally concerned with the welfare of their partner or their child. Furthermore, the general lack of research into the experiences of fathering (Benedek, 1970) may be an additional contributing factor to the existence of negative representations based largely on fantasies and fallacies about the unmarried father. The area of fathering deserves much more consideration in psychological studies.

1.5 The Adoptive Parents

Characteristics

Research studies have begun to describe the characteristics of extrafamilial adoptive parents. The major findings are considered in summary form below:

Age : Adoptive mothers and fathers tend to be older than natural parents in the population (Hersov, 1977). This age difference is understandable in terms of (i) the time spent on numerous attempts at conception, (ii) the lengthy period of investigations during which infertility is established, (iii) the time spent waiting for the acquisition of a child

and (iv) the laws governing the age of applicants. South African law lays down that the minimum age of extrafamilial adopters be twenty-five years (Guide to Adoption Practice, 1972). It has been recommended that the age range for adopters should be within the span that is normal for natural parenthood (ibid). A general rule is advised that the adoptive mother "should not be more than forty years older than the child, and the adoptive father not more than forty-five years older" (ibid, p.24). Exceptions to this rule are considered, however.

Health : Good physical health is one of the basic requirements for selection as an adoptive parent (Boberg, 1977). Bohman (1970) has pointed out that the greater age of adopting parents may involve a higher risk of disease and death than in a younger population with children of the same age. He found a relatively high morbidity among his sample of adopters. In contrast, Seglow, Pringle and Wedge (1972) did not find any significant differences in ill health between older and younger adopters. However, they reported a generally high incidence of poor health among adoptive mothers of whom 42% were considered infertile. Hersov (1977) has argued that this proportion is significant.

Class : Studies from the United States of America (Leahy, 1933), Sweden (Bohman, 1970) and the United Kingdom (Lewis, 1960; Humphrey and Ounsted, 1964; Kornitzer, 1968; Humphrey, 1969; Grey and Blunden, 1971; Seglow, Pringle and Wedge, 1972) have shown that the majority of extrafamilial adoptive parents are drawn from the middle class. The emphasis placed

on material and educational provision by the agencies, thereby favouring the applicants who have larger financial resources, may have contributed to the selection of "more well-to-do applicants with a higher social status" (Kornitzer, 1968). However, this state of affairs appears to be changing. Humphrey (1969) has reported that there is an increasing acceptance of working class applicants for children.

Desire for infants versus older children : Hersov (1977) has referred to the apparent distinguishing characteristics of those who wish to adopt infants as compared to couples who wish to adopt older children. Couples of lower social status have been found to adopt older children more often (Maas, 1960). In the United States of America, these children are frequently placed with farm families (Leahy, 1933). It is interesting to note Maas' (1960) suggestion that working class couples may be more able to accept children with psychological and physical disorders and so adopt these children more frequently than middle class families who may be more successful in adopting infants.

Children adopted by marginally eligible couples : Couples who are considered 'marginally eligible' for adoptive status by virtue of the factors of age and health and "other related factors" (Hersov, 1977, p.140) have been found to be more likely to accept children with special needs (Kadushin, 1962) such as physical handicap and/or emotional and behavioural difficulties.

1.6 The Issue of Infertility in relation to Adoption

Having discussed the major research findings about the characteristics of extrafamilial adoptive parents, the significant issue of infertility will be introduced.

A consideration of the aetiology of infertility is beyond the scope of this thesis. However, what is extremely important to consider is the relationship of infertility to adoption. As Rothenberg, Goldey and Sands (1971) have emphasized, infertility is indeed "a gnawing issue" (p.592) related to adoption, as all extrafamilial adoptive parents-to-be are required to provide the agency with medical proof of their infertility, whether the causation be physical or psychogenic. Thus infertility is a crisis which the majority of extrafamilial adopters have experienced. It must be noted that infertility does not constitute a legal requirement: in practice, however, it seems that infertile young couples are given preference over single, widowed or divorced applicants.

In Chapter II, a more detailed discussion of the parts played by the experiences of infertility in relation to early extrafamilial adoption will be presented. In this first chapter, consideration of a few salient points will serve as an introduction.

There is a longstanding belief, approaching mythical proportions, that adoption or even the mere decision to adopt increases conceptive capacity in infertile women (Mai, 1971).

Supporters of this contention have viewed adoption as a mode of resolution of the conflicts inhibiting conception.

Orr (1941), Benedek (1950), Boss and Cleghorn (1956) and Blum (1959) all contend that (i) infertility may be understood according to a psychodynamic framework of explanation, and (ii) the psychological effects of adoption are powerful influences on the ability to conceive a child. However, as Mai (1971) has argued, none of these authors has provided adequate clinical or experimental supportive evidence based on field surveys. The findings of those studies which have examined the problem on a statistical basis (Hanson and Rock, 1950; Bank, 1962; Rock, Tietze and McLaughlin, 1965) are clouded by methodological problems, such as the use of uncontrolled postal questionnaire studies of adoptive couples, the ignoring of independent variables and the lack of adequate control group selection. Mai (1971) has suggested some guidelines for more rigorous research in this area.

Humphrey proposes an integrative view which attempts to reconcile the lack of evidence of a cause-effect relationship between adoption and fertility with the positive associations between these two factors, as revealed in case histories:

"In general, it may be suggested that the most attractive interpretation - and one that would help to reconcile the negative findings from controlled studies of large groups with the more positive indications from case histories - is that the experience of (adoptive) mothering can in certain circumstances precipitate an event that was going to occur sooner or later anyway."

(Humphrey, 1969, p.356)

In summary, it seems that, as Mai (1977) suggests, the effect adoption has on conceptive capacity must remain an open question. Yet, it appears that the belief that the adopted child may serve as a fertility charm continues to be commonly upheld.

1.7 Review of the Major Research Findings on Adoption

A survey of the major research findings in the field of adoption reveals the numerous differences of opinion and controversies that have emerged amongst investigators.

As Simon and Senturia describe:

"This literature, in many cases, has a distinctly partisan flavour: either the adoptive status is seen as making one especially prone to psychiatric illness or a staunch case is made for the relative innocuousness of the adoptive status."

(Simon and Senturia, 1966, p.858)

In the following review, the major controversial issues in the field will be considered.

1.7.1 The question of referral rate

Two important questions that have arisen in the field are (a) the frequency with which parents consult psychiatric services for guidance with their children, and (b) whether adopted children are referred more often than non-adopted children to psychiatric clinics. The impression that

referral rates are higher for adopted children came originally from clinical case studies, usually of relatively small numbers of cases, which laid emphasis on the nature of the child's individual psychopathology and of adoptive family relationships. Eiduson and Livermore (1953), for example, reported that adopted children constituted a large proportion of the case-load of a clinic. Their study consisted of a report of the complications in the treatment of eight adopted children under the age of twelve years. The work of Schechter (1960) and Toussieng (1962) on clinical populations in the United States of America aroused much dissension in the field. Schechter (1960), a psychiatrist in Southern California, reported a hundred-fold increase of adopted children in his private practice (13%) compared with the supposed number of adopted children in the general population (0.134%). This last figure was an incorrect interpretation of a published adoption rate (Kirk, Jonassen and Fish, 1966). Schechter (1964) subsequently admitted and corrected his error, but maintained his contention that there was a higher percentage of adopted children with emotional disturbances in child guidance clinics, state hospitals, private residential treatment centres and private psychiatric practice. Toussieng (1962), in a similar vein to Schechter, reported that 10.9 percent of the children attending the Menninger Clinic over a five-year period were adopted.

Much criticism (for example, Dukette, 1962) was directed at studies mentioned above. Simon and Senturia attributed Schechter's (1960) high incidence rate to the characteristics

of his sample of adoptive parents, namely to the influence of factors such as

"... high income, availability of psychiatric services, increased sensitivity to certain symptoms and greater sophistication about psychiatry."

(Simon and Senturia, 1966, p.865)

As Wolff (1974) has indicated, the adopters' previous contact with professional services, that is, adoption agencies, may either encourage their ready recourse to helping agencies or render them less reluctant to take up psychiatric referral. Hersov (1977) has also criticised the studies of Schechter (1960, 1964) and Toussieng (1962), and in addition the research of Work and Anderson (1971), on the basis of the lack of, or relative little, consideration of referral bias, income levels and social class distribution of the families at the different clinics. Goodman, Silberstein and Mandell (1963) have explained Schechter's (1960, 1964) and Toussieng's (1962) higher incidence rates of emotional disturbance in adopted children in terms of (a) the restricted nature of the clinical populations forming the basis of their studies - namely a small homogeneous section of the population, and (b) the base rates chosen for assessing the emotional morbidity of adopted children. In their study (Goodman, Silberstein and Mandell, 1963) the annual base-rate for adopted children living in a community served by a mental health centre, was calculated and found to be relatively higher than for the country (U.S.A.) as a whole. Division of the research sample into intrafamilial adoptees and children

adopted extrafamiliially, revealed further differences. It was shown that extrafamiliially adopted children were brought to the clinic 1.4 times as frequently as would be expected from their proportional presence in the community. Furthermore, Goodman, Silberstein and Mandell (1963) demonstrated that the rate (2.4%) at which the adoptees were brought to a low income community clinic was much lower than the rates reported at higher income clinics or in private psychiatric clinics.

Simon and Senturia (1966), however, have criticised the Goodman et al study on the basis of the limited nature of its sample of the population: the subjects were children under the age of sixteen years who attended the clinic as out-patients. They draw attention to the characteristics of the mother population:

" ... the sample was drawn from what appears to be a relatively homogeneous and stable low-income group."

(Simon and Senturia, 1966, p.859)

It may be argued that the constraints entailed by outpatient treatment would lead to the exclusion of severely disturbed adoptees from such a form of intervention. Thus, the findings of the Goodman et al study can only be applied to certain clinical populations.

A high incidence (2.6%) of extrafamilial adoptees in a clinical sample attending a hospital psychiatric department, has been reported by Simon and Senturia (1966) themselves. However,

on closer examination of the data, the higher rate of referral and attendance applied only to the child and adolescent subjects. The incidence among the adult subjects was lower than expected.

As Hersov (1977) contends, the dearth of knowledge concerning the long-term mental health aspects of adoption complicates any attempt at comprehension of the results presented above. The shortage of post-placement follow-up studies of studies has also been recognized by Rowe (1980). Humphrey and Ounsted (1963; 1964), in the United Kingdom, in an effort to examine referral rate over a follow-up period, showed that the proportion (2.9%) of adopted children referred to the local psychiatric unit over a four-year period was more than double the corresponding estimate for the general population. The findings of the major follow-up studies will be presented in Section 1.6.4.

In summary, there appears to be a fairly general recognition that the methodological problems inherent in the studies of clinical populations - for example, the size and characteristics of samples drawn from clinical populations, little consideration of referral bias, lack of consideration of the proportion of adoptees in a community, and the influence of socio-economic factors - inhibit the provision of accurate measures of the incidence and prevalence of disturbance in adopted children. In the face of these difficulties, the epidemiological method has been employed as a means of investigation in the relatively unexplored field of adoption.

1.7.2 Epidemiological Studies

Epidemiological studies "complement investigations of individual patients", (Batchelor, 1969, p.65). The epidemiological method involves the collection of data from popular surveys.

The epidemiological method was employed in the British National Child Development Study (1958). It consisted of a longitudinal follow-up study of 17 000 births in 1958, which made possible comparisons between illegitimate, adopted and legitimate children with respect to a number of factors. Overall, results showed no difference between the adopted and the non-adopted children in the cohort. However, research revealed that the illegitimate children who remained with their own mothers manifested a significantly high degree of 'maladjusted' behaviour as measured by the scores on the Bristol Social Adjustment Guides (Stott, 1966). These guides were completed by teachers. Results from combined parent and teacher questionnaires were used as additional indices of the level and nature of maladjustment. It was shown that (a) a higher proportion (23 per cent) of adopted boys were maladjusted than boys in the cohort as a whole (17 per cent) and (b) more adopted boys than girls were assessed as maladjusted according to scores given on the guides. These results were partially accounted for by the presence of a higher proportion of boys among the adopted group than the number in the cohort as a whole.

With respect to educational adjustment, the adopted children in the cohort seemed to resemble the legitimate children rather than their illegitimate counterparts (Hersov, 1977). Adopted children were found to read better and to have parents who took more interest in their school performance. However these results must be viewed in the light of the contributing factor of social class. Hersov has drawn attention to another finding that

"... adopted children grew up more often in smaller middle class families and were slightly worse in reading when compared with nonadopted children from similar social backgrounds."

(Hersov, 1977, p.153)

A Swedish follow-up study (Bohman, 1970) of 168 adopted children (93 boys and 75 girls), based on the information gathered from teachers and the adoptive parents, revealed results bearing a degree of similarity:

- (i) The adopted boys showed a significantly higher amount of maladjustment in the school environment, compared with control subjects of the same sex and with the adopted girls in the sample.
- (ii) No significant differences were found between the girl adoptees and their controls.

Wolff (1974) in her review of research on adoption makes a plea for further investigations of the comparison of adopted children with non-adopted illegitimate children. She concludes the following:

- (i) Non-adopted illegitimate children experience educational failure and psychiatric disturbances more frequently than adopted illegitimate children.
- (ii) Adopted children, in comparison with children in the general community of similarly favourable socio-economic status, were assessed to be slightly more disturbed and to be performing "a little less well intellectually" (Wolff, 1974, p.167). This deficit in intellectual performance was shown to be particularly so for boys.

1.7.3 Factors contributing to understanding of the concerns of adopted children and their families.

Although a number of the results of follow-up studies have already been mentioned in sections 1.7.1 and 1.7.2 a brief summary of the major findings will be presented below.

(a) Biological and social factors related to pregnancy

One of the causes for the increased vulnerability of adopted children has been seen to be associated with the biological and social factors related to pregnancy. As the majority of adoptees are illegitimate (89 per cent according to Seglow, Pringle, Kellmer and Wedge, 1972), they are potentially at risk in terms of inadequate ante-natal care (Crellin, Pringle and West, 1971) and subsequent birth hazards such as low birth weight. In addition it has been suggested that single mothers-to-be may be exposed to considerable personal and social stress during the period of pregnancy (Herzov, 1977).

Crellin et al (1971) have proposed that the time of decision about giving up a child is characterised by tension and uncertainty which may affect the child in a negative way.

(b) Age at placement

The factor of age at placement has formed a major focus of interest with respect to its influence on the outcome of adoption. Most studies except that of Jaffee and Fanshel (1970) have shown that the later adjustment of adopted children and the satisfaction of their adoptive parents are better when a placement occurs early rather than late. Witmer (1963) for example, found that children placed at under one month fared better than those who had been placed in homes after the age of one month.

The frequency and severity of psychopathology have been seen as directly proportional to the age at which adoption occurred (Offord, Aponte and Cross, 1969). Humphrey and Ounsted (1963) however, reported that (i) the rate of psychiatric referral increased with the approach and onset of puberty, and (ii) that adopted children did not differ from the other subjects with respect to the symptomatology displayed, except where they had been placed after the age of six months when their symptoms were more often those of stealing and destructiveness. Humphrey and Ounsted (1964) subsequently revised their second finding. The implications of the difficulty in determining the age at which the child was first received by the adopters, rather than the age at which legal placement occurred are described below:

" ... The Registrar General's figures are analysed according to the age at which the adoption order was made rather than the age at which the child was received by the adopters, the latter cannot be inferred except where both events took place in the first six months of the child's life. Our sample cannot, therefore, be compared with the general population in respect of age at placement."

(Humphrey and Ounsted, 1964, p.349)

Yarrow, Goodwin, Mannheim and Milowe (1971), in a 10-year long study of 53 children, the majority of whom were placed in reasonably high socio-economic level adoptive homes by the age of six months, demonstrated great variations in the children's development. The general trends of their findings suggested that severely traumatic experiences in infancy cannot be discounted in terms of long-term effect, but that the permanence or reversibility of effects cannot be thought of as general but, more usefully, as differing degrees of effect in different systems and functions, for example, cognitive and interpersonal. The results of this study indicate that the adjustment of adopted children and their families is affected by a number of factors such as environmental experience, maternal care and individual differences in the children's responses to such experiences. The factor of age at placement is not stressed as the sole major determining influence on the outcome of adoption. Eldred (1976) has expressed a similar view and has shown, in his study of adult adoptees, that age of placement was unrelated to psychopathology. Rowe reports a similar finding:

" ... contrary to general belief (based largely on experiences of adopted children seen in child guidance clinics), neither age at placement, the number of previous moves, nor having been in a residential nursery had any noticeable effect on outcome."

(Rowe, 1980, p.149)

She accounts for the above finding by indicating the relatively young age at which placement had occurred in all the adopted children in her study, compared with many of the children currently being placed for adoption - 75 per cent of the adoptee subjects had been placed before they were six months and 90 per cent before their first birthday. Thus, her interpretation of the results stresses the importance of age at placement.

In summary, the influence/s of age at placement on the adoptee and the adoptive parents seems to remain a controversial topic. It seems that much research is needed to investigate the impact of the age at placement and delays in placement on the early adoptive parent-child relationship. What has emerged from this brief review of the research is the suggestion that age at placement is not a sole determining factor, but rather part of a nexus of independent variables affecting the complications inherent in adoption.

1.7.4 Factors in the adoptive parents

As Hersov has stressed, it is very difficult to determine

" ... the relationship between the personality, attitudes and expectations of adoptive parents

and psychiatric disorder in their adopted children, particularly in the so-called 'extra-familial' adoptions."

(Hersov, 1973, p.27)

In addition, there is much variation in the kind of adoption that occurs; for example, some couples may have adopted through private arrangements whereas others may have been screened to different levels of depth by various agencies. As Hersov (1973) argues, there is no 'standard' adoptive family as there is much variation in parental personality and family structure. One of the valuable contributions of the follow-up studies has been the beginnings of identification of ways in which the adoptive family differs from a biological family. These are considered as follows:

- (1) Social aspects : Adoptive families and parents have been seen as set apart in terms of (a) their being a minority group (Kirk, 1964) and (b) the societal attitudes towards illegitimacy and blood ties.
- (2) Critical events : Adoptive parents are confronted with certain crises that biological parents do not usually experience. The coming to terms with infertility, the exclusion from the experiences of pregnancy and childbirth and the establishment of bonding in the first few months of adoptive parenthood are all critical events. The significance of these aspects of adoptive parenthood will be focused upon in more detail in Chapter II.

Adoptive children have been shown to be more at risk for pressures and difficulties in the intellectual and educational

areas (Bohman, 1970; Wolff, 1974). The failure of adopted children to rise to their parents' and their own educational aspirations has been understood in terms of the adopters' need for gratification through the achievements of their children. It may be argued that many parents, and not only adoptive parents, hold high expectations for their children. However, if the injury of infertility has not been worked through to a reasonable degree, the adopters may seek compensation in the achievements of the adoptee (Bernard, 1974).

1.7.5 Psychopathology of adopted children

There appears to be a consistent trend in the symptomatology of the adopted children who are referred for treatment. In the great majority of studies the referral symptoms have included behaviour that is characterised as impulsive, provocative, aggressive and antisocial (Comments, 1972; Eiduson and Livermore, 1953; Goodman and Magno-Nora, 1975; Jackson, 1968; Menlove, 1965; Nevrla, 1972; Offord, Aponte and Cross, 1969; Schechter, Carlson, Simmons and Work, 1964; Simon and Senturia, 1966).

No unanimity on the association between adoption and psychopathological development seems to exist. Many hypotheses have been suggested to explain the preponderance of behavioural problems and personality disorders reported in adopted children (Clothier, 1943; Eiduson and Livermore, 1953; Reeves, 1971; Schechter, 1960, 1967; Toussieng, 1962; Wieder, 1977a, 1978). The contributions of these writers in

the field will be reviewed in Chapter II. Table I provides a selective summary of the presenting symptoms in referred adopted children, as shown by a number of research studies.

There is much disagreement as to whether the adopted child is more prone to psychological disturbance, whether the adopted child is more prone to specific types of psychological disturbances, and whether the age of adoption affects the type and severity of emotional disturbance. Attempts have been made to answer these questions through surveys using questionnaires to adoptive parents, reviews by psychiatric facilities and follow-up studies. The applicability of such studies to the general adopted population continues to be debated.

Another complicating factor is the confusion surrounding the use of the term 'adoption'. Writers in the field do not always define what they mean by the term, and closer examination reveals that 'adoption' is often being used as an 'umbrella' phrase to include both early and late adoption and even fostering.

Those who see the fact of adoption to be of primary importance emphasize the effect on the child of experiences such as substitution at or around the time of birth of the natural by a surrogate mother, which they maintain leads to specific difficulties in establishing healthy object relations different to those encountered by the ordinary infant in his own family (Reeves, 1971). Others have stressed the impact of the discovery of adoptive status on the child's parental

Eiduson and Livermore (1953)	impulsive behaviour excessive unhidden masturbation transvestism exhibitionism overt hostility, particularly towards mother intense sibling rivalry abuse of animals hostile play with peers
Schechter (1960, 1964)	destructive acts aggression sexual acting-out
Goodman, Silberstein and Mandell (1963)	behaviour disturbances such as stealing aggression learning disturbances
Nemovichiz (1960)	hostility tenseness dependency fearfulness
Simon and Senturia (1966)	sexual acting-out rebelliousness scholastic difficulties
Humphrey and Ounsted (1963, 1964)	stealing destruction of property
Jackson (1968)	aggressive behaviour sexual acting-out
Berger and Hodges (1982)	neurotic disturbances distorted personality development

TABLE I

A Selective Summary drawn from the Literature of
 the Presenting Symptomatology of Referred Adopted Children

identifications, self-image and identity formation (Schechter, 1960). More recently, Wieder (1977a, 1978) and Berger and Hodges (1982) have begun to explore the ways in which the adopted child comprehends and fantasizes about his/her experiences of being adopted.

Triseliotis (1973) in his study of adoptees in Scotland, where an adopted person can obtain information about his/her biological parents from official records, showed how many adolescents felt deprived and confused when they were earlier denied the knowledge which they later sought themselves, and were resentful and critical of the parents who were reluctant to tell. The great majority in the sample of seventy adoptees learned of their adoptive status well after the age usually recommended by adoption experts and, with the exception of two, were adamant that it was their right to know and their parents' duty to tell. Triseliotis is careful to point out that this finding refers only to those adoptees who felt the need to enquire into their origins. Distress, unhappiness, and dissatisfaction were characteristic of many adoptees studied, but not of adopted people in general.

Chess (1969) is of the opinion that the problems that occur between parents and adopted children are the same as would occur given the same personalities and circumstances if the children were not adopted.

1.7.6 Follow-up studies of older adoptees

Follow-up studies of older adoptees have shown that certain

factors are correlated with a good adult adjustment:

- (1) adoption at an early age.
- (2) an early awareness of being adopted (i.e. before the age of 10).
- (3) open channels of communication with the adoptive parents.
- (4) an ease in being able to discuss the birth parents.
- (5) the presence of siblings within the adoptive home.

Raynor's (1980) study laid similar emphasis on the early home atmosphere, the way in which "telling" had been handled and the importance of attitudes and feelings about adoption and the child's background felt by the parents and passed on to the child.

Hodges, in her review of Raynor's work, has pointed to some of the drawbacks of retrospective accounts (interviews with the adoptive parents and adoptees, at least 25 years later) in that there may be a degree of distortion in the recollection of such long-ago events and feelings, depending on the current feelings of parents or of adoptees.

Triseliotis (1973) has reported that the most frequently encountered problems in adult adoptees are associated with genealogical and identity concerns. It has been noted (Sorosky, Baran and Pannor, 1980) that desire for more extensive knowledge has led to a desire on the part of an increasing number of adoptees to seek contact with their birth parents. It is difficult to determine what percentage of adult adoptees have considered a reunion with the birth parents. There has

been much speculation as to the reasons underlying the desire for contact with the biological family. Deutsch (1945) has conveyed the attitude that adoptees who embarked upon such searches were often suffering from neurotic problems and that such a search was prompted by a fantasy of being rescued by the birth parents. Recent investigations, however, have indicated that the desire to search for birth parents is usually in response to some deeply felt psychological need, and not necessarily associated with underlying problems (Sorosky, Baran and Pannor, 1976; Triseliotis, 1973).

Sorosky, Baran and Pannor (1980) have argued that "the desire for genealogical information is probably shared by all adoptees" (p.2757) but the interest in the birth parents becomes a burning issue for some simply because they have curious minds and approach all of life's mysteries in an inquisitive manner. It seems that this view needs to be put to the test, together with a further investigation of the impact of reunions, which Sorosky, Baran and Pannor (1978) claim to be positive experiences for the adoptee / birth parents and "result more frequently in an even closer relationship with the adoptive parents" (Sorosky, Baran and Pannor, 1978, p.157).

1.7.7 A note on the sealed record controversy

In the United States a number of adult adoptees have insisted upon their "constitutionally based civil right to access to their sealed birth records, which would reveal the true identity of their natural parents" (Baran, Pannor and Sorosky, 1974, p.531). Adoptees have joined together in activist

groups to provide assistance for adoptees in their searches and to pressurise the various state legislations to enact new laws. The old laws (passed in the 1940s in the U.S.A.) kept information identifying biological parents confidential and available to adult adoptees only through special court order. The relevance of this controversy is substantiated by the rising incidence of inquiries about this information (Baran, Pannor and Sorosky, 1974).

Within the South African context, revelation of the identity of the biological parents rests with the adoptive parents. In the case of non-disclosure adoptions, the agency may not reveal the identity of the adoptive parents to the biological parent/s who may request such details for their search for the adoptee. Up to the present date, no movement among adoptees appealing for easier access to sealed records seems to have been reported.

1.8 The Question of Matching

Attitudes towards the practice of matching have varied over recent years, particularly in the light of the increasing occurrence of transcultural and transracial adoptions.

'Matching' seems to be based on the belief among adoption agents that a reasonable matching up of adoptive parents and child is more likely to ensure the success of the adoption placement. Hersov (1977) has argued that this practice is based on "unproven assumptions about child development and social class prejudice, rather than fact" (p.149). He has

gone on to contend that:

"It is not possible, nor is it desirable, to match child and adoptive parents for either intellectual or other qualities of personality except in the crudest fashion. There are dangers in raising adoptive parents' expectations which are then not fulfilled and even if matching were attempted it would be better to match on the basis of the child's natural parents rather than on any prediction from an examination in infancy (Rutter, 1970)."

(Hersov, 1977, p.149)

Carter (1968) has pointed out a high degree of matching does not always occur naturally, as the mechanisms of inheritance are such that any couple can naturally have a variety of children, although it would be unlikely for an extreme difference of hair or eye colour to occur within a natural family. It seems that in the late sixties and early seventies, 'matching' was much less of an issue in adoption practice than previously and the emphasis has shifted from stressing similarities to helping adoptees accept potential inherent differences (Triseliotis, 1970).

The notion of matching has been discredited recently. Hodges (1982) has pointed out that "as more black and older children have been placed for adoption, they have demonstrated that successful adoptions are not necessarily the ones which are well 'matched' in such terms" (p.219). Hodges (1982) has criticised Raynor's (1980) argument for matching for similarities when considering placement on the basis of the implication that

"it is some genetically-based, pre-existing likeness which will engender the feeling of kinship" (ibid). As she writes:

"Clearly, in dealing with the placement of older children ... it is only common-sense to take the characteristics of child and family into account, whether one refers to this as 'matching' or not. Older children have developed characteristics already in evidence, and special needs, derived from their pre-placement lives, and it seems sensible to look for some sort of fit. But Raynor's argument confuses this with the much more dubious notion of 'matching' in the case of very young infants where the characteristics to be matched would seemingly have to be derived somehow from the child's genetic endowment. It needs to be made clear that there is nothing in the actual evidence, in Raynor's study, to support such a view."

(Hodges, 1982, p.219)

It seems that extreme attitudes towards matching are being revised and the practice is beginning to be seen in terms of its variations and its validity in certain situations. Reports reviewing the evidence favouring the 'matching' notion are expected to appear in the literature in the near future (Hodges, 1982).

The issue of matching is extremely important. Its significance becomes even more apparent when it is viewed from a psychological standpoint. The need for likeness, and establishment of a sense of belongingness, is crucial for both

adoptive parents and adoptee. However, 'matching' is not the only way in which a sense of kinship can be facilitated in its development. The emphasis on genetically based similarities may serve to cover over the differences of adoptive parenthood. Further discussion of the significance of the parental representations of the adoptee, the issue of biological background and the different experiences and aspects of parenthood will be presented in Chapters II, III and IV.

1.9 Transracial Adoption and the South African Context

As mentioned previously, the decrease in healthy white American babies available for adoption has led to the practice of transracial adoption. Research in this area has revealed that the children are generally doing well with respect to physical health, cognitive competence, personality development, behaviour patterns and 'embeddedness' in their adoptive families (Fanshel, 1972; Marmor, 1964). Anderson (1971) suggests that such adoptions are "not for everyone and that adopting parents will vary as to how well they raise their children for reasons that may or may not have to do with race" (in Barnard, 1974, p.526).

While transracial adoption is not explicitly prohibited in South Africa in terms of the Children's Act (No.33 of 1960), section 35(2) enjoins the court to:

"have regard to the child's religious and cultural background; ethnological grouping, nationality and relationship

to his proposed adoptive parent or parents."

(Boberg, 1977, p.359)

Firm legal guidelines on transracial adoption are lacking, but Boberg concludes:

"It seems that a child may not be adopted by a person whose racial classification differs from that of the child unless he is the child's natural parent or guardian ..."

(Boberg, 1977, p.359-43)

In practice, segregated social norms seem to be taken as a sine qua non by adoptive agencies as can be inferred from the following extract from a Guide to Adoption Practice in South Africa:

"The agency should seek the assistance and advice of the local Commissioner of Child Welfare; of the relevant State Department (Soc. Welfare and Pensions, Coloured Affairs, Indian Affairs, Bantu Administration and Development - depending upon the race of the child) which comes into the picture when ministerial approval of a 'non-disclosure' consent is sought in terms of Children's Act 1971(3); and of its own National Council."

(Guide to Adoption Practice, 1972, p.63)

The realities of an excess of potential Black adoptees are minimally addressed by these provisions encapsulated in the current South African legislation.

1.10 Revelation of Adoptive Status

The term 'revelation' refers to telling the child of his adoptive status. There is much disagreement on the issue of revelation in the literature. The majority of adoption experts agree that adopted children must be told that they are adopted in order to establish "an open, honest relationship" with their parents (Sorosky, Baran and Pannor, 1980 p. 2755). It is generally recommended that revelation should take place at an early age, from two to four years, to prevent the chance that the child will learn of adoption from outside sources (Bernard, 1963; Knight, 1941; Guide to Adoption Practice, 1972). Knight (1941) is a strong proponent of this view. He states that a child should be told

" ... as soon as possible after two ... to avoid [a] condition of continuous dread and especially to avoid the eventuality that the child may discover the fact and confront his parents with it, with a resultant loss of faith in their word. ... A child should probably be told he is adopted as soon as he can comprehend the statement. Very likely he will think little of it and forget about it."

(Knight, 1941, p.70)

Much controversy exists about the most suitable age at which this important subject should be introduced. Psychodynamically oriented clinicians have strongly opposed Knight's views inter alia, arguing that early and repeated telling is incompatible with psychoanalytic knowledge of young children's

needs and stages of development (Peller, 1961, 1963).

The methods of revelation and the differing opinions on issues surrounding telling will be reviewed in Chapter II.

1.11 Adoption in Comparison to Other Forms of Child Care

The changing views of adoption over the last few decades have led to the notion of adoption as a form of child care, "one among several possible ways of rearing children whose parents cannot or will not look after them" (Tizard, 1977, p.7). The practice of adoption has, moreover, been seen an advantageous form of child care. Goldstein, Freud and Solnit (1980a) have contended that adoption offers to unwanted children the best possible second chance to form the permanent relationships which are vital for their development. Tizard (1977) has expressed a similar view in her belief that the arrangement of legal adoption is most likely to provide a secure home for an unwanted child.

"The findings of this study suggest that of the children who came into residential nurseries as infants for long-term care, the most fortunate were those who were subsequently adopted. ... Yet as a group the children (adopted) were in a more stable situation, had fewer emotional problems and were intellectually and academically superior to the fostered, institutionalized and children restored to their original homes."

(Tizard, 1977, p.232)

Tizard makes an important point that the advantages are not

necessarily attributable to the characteristics of adoptive versus foster parents, but rather attributable to the different nature of the arrangements for child care.

Despite the noted positive attributes of the foster parents - they were found to be more strongly motivated to undertake child rearing than other groups in Tizard's study - Tizard goes on to argue that:

"Nevertheless, long term fostering does not offer the child the security of adoption. Foster parents, however devoted, may return the child to care if he proves too difficult perhaps believing that his disturbed behaviour is evidence of their own failure or unsuitability."

(Tizard, 1977, p.235)

Bohman and Sigvardson found that their results pointed in the same direction as Tizard's conclusions:

"Placement with adoptive parents, ready to accept the child as their own, is a much better proposition in terms of the child's development and social adjustment than is an insecure fostering or being returned to an ambivalent mother living under social and emotional pressure. The implication for our study, for the general policy of child care is, of course, not that adoption is always the best solution for a child with a social handicap. Rather, the conclusion must be that early preventive work is important, regardless of what decision is made for the child's future."

(Bohman and Sigvardson, 1978, p.486)

The beneficial nature of adoption must be borne in mind. The examination of the problems of early extrafamilial adoption undertaken in this thesis is intended as an extension of the understanding of a practice, the value of which is acknowledged.

1.12 Summary

This chapter has served as an introduction to selected aspects of the broad field of early extrafamilial adoption. Definitions of the various forms of this kind of child care, followed by a brief historical overview of adoption practice have been presented. A number of research findings have been reviewed. Criticism has been levelled, on the basis of the limitations of research methodology employed, at the problematic nature of the conclusions drawn. Certain issues, for example, infertility and adoptive parenthood will be considered in more detail in Chapter II.

CHAPTER II

AN IN-DEPTH REVIEW OF THE LITERATURE PERTAINING TO A PSYCHOLOGICAL UNDERSTANDING OF EARLY EXTRAFAMILIAL ADOPTION.

2.1 Aim

The aim of this chapter is to provide a review of the literature relevant to the psychological understanding of early extrafamilial adoption, that is the legal assumption of the parenting role by an infertile couple within the first six months of life of a child unrelated by blood. On the basis of a survey of the available literature, it appears that such a psychologically oriented review has not been undertaken before.

Certain of the issues introduced in Chapter I will be presented in more detail. Early extrafamilial adoption will be discussed from the viewpoints of the adoptive parents and the adoptee. Emphasis will be placed on the conceptualisation of adoption as a continuing influence on the adoptive family throughout the life cycle. The notion of a developmental perspective of adoption will be introduced. The intertwining of adoption themes with developmental conflicts and concerns will be illustrated and discussed further in Chapters III and IV. In this chapter, however, consideration will be given to the identification of the possible differences in the experiences of the natural mother as compared to those of the adoptive mother

in the period leading up to the acquisition of a baby.

Furthermore, two practical issues of much significance -

(a) the presenting symptomatology of referred adopted children, and (b) the question of revelation and disclosure of background information - which seems to have prompted researchers to deepen their understanding of adoption, will be considered. (a) will be focused on predominantly in the discussion of the adoptee, while (b) will be discussed in detail in Section 2.3. It will be seen how a variety of approaches offer explanations of the problems arising for the adopted person. Some writers have considered the understanding of the psychology of the adoptive parent, and particularly the mother, as essential for insight into the adoptee's plight. Others have focused on the problems of identity formation for the developing child in this variety of family structure, namely the predicament of being related to two sets of parents, one known, the other unknown. It appears that attempts are being made in the field to move from the level of naive generalisation - adoption causes pathology - to a more detailed exploration of factors of particular relevance to the complex experiences associated with adoption.

2.2 THE ADOPTERS

In this section, a review of the literature concerned with an understanding of adoption from the adoptive parents' point of view is presented under four major headings:

2.2.1 Motives for adoption

2.2.2 Parental attitudes and representations of the adopted child

2.2.3 The absence of pregnancy

2.2.4 Kirk's patterns of adoptive parenthood

2.2.1 Motives for adoption

Those authors (Bernard, 1953; Brinich, 1980; Deutsch, 1947; Toussieng, 1960) who consider the psychology of the adoptive parents as contributing crucially to the developmental progressions and delays in the adopted child, advocate special exploration of the motives underlying adoption. As Goldstein, Freud and Solnit (1980a) point out, there are a range of these motives, both conscious and unconscious, underlying adoption, encompassing

- (a) the mere fact of being childless (for whatever reason)
- (b) the wish to replace a dead child
- (c) the desire to acquire a companion for an only child
- (d) the wish to rescue a relative's orphaned or otherwise abandoned child
- (e) the desire to have an heir

(f) the hope of stabilizing a marriage.

Unconscious motivating factors, pertaining particularly to adoptive mothers, have been identified as (1) the emotional need for a child on whom to bestow love; (2) the need to receive love from a child, in compensation for the lack of love experienced in the parents' own childhoods, and (3) the desire to prove themselves capable of parenting although unable to make a child of their own (Sorosky, Baran and Pannor, 1978). However, in the literature pertaining to extrafamilial adoption, the parents' frustrated desire for a biological child has been the motive under most frequent and detailed scrutiny. If the motives enumerated above do play a problematic role it is in so far as they are connected with the 'crisis of infertility'. A variety of authors (Brinich, 1980; Kraft et al, 1980; Moss and Moss, 1975) have argued that the degree of negotiation of the crisis of infertility affects the development of healthy parental attitudes. They imply that ideally the couple should confront this trauma and thereby be freed to remain childless or to adopt a child. Andrews (1970) has gone so far as to suggest that psychotherapy aimed at dealing with this issue should be made available to women applying to adopt a child. The above authors appear united by the view that infertility, similar to any other loss, entails a period of mourning. However, not all adoptive parents have journeyed through the painful processes associated with grief and instead have sought compromise solutions to their predicament. These, together with the influence of

the crisis of infertility, are considered in this section.

2.2.1 (i) The injury of infertility

The realisation of infertility is considered a narcissistic injury in that it comprises the loss of the image of oneself as an ideal biological parent (Kraft, 1980), the loss of the fulfilment of "the narcissistic wish for physical immortality" (Deutsch, 1945, p.424) and the loss of the reproductive function (Sorosky, Baran and Pannor, 1978). The desire to become a parent, to procreate, is often deeply unconscious and has its earliest manifestations in doll play and the popular childrens' games of doctor-doctor and housey-housey (Kestenberg, 1956; Schechter, 1970). However the repeated failure to conceive may lead to:

- (i) doubts about body health resulting eventually in a deficient body image.
- (ii) questioning of sexual identification: how much of a woman/man am I?
- (iii) mechanisation of the sexual act through a predominance of concern with measurement, e.g. the 'right time' and anxiety about performance necessary for conception rather than pleasure.
- (iv) lowered self-esteem: I am not able to do this, what is the matter with me?
- (v) marital friction centring on the dominant wish to conceive.

(drawn from Kraft et al, 1980; Schechter, 1970)

Faced with this crisis, the couple may deny their infertility by continuing to involve themselves in any approaches promising fertility or seek compensation for their failure to conceive through adoption. These compromise solutions are discussed below:

2.2.1 (ii) The adoptee as a fertility charm

Those couples who refuse to accept that they are infertile may seek a solution to their dilemma by subscribing to the popularly held belief - 'adopting a child will often lead to having one of your own'. Humphrey (1969) has titled one of his articles "the adopted child as fertility charm" in describing this view of the child. The inherent dangers of this approach lie in the possible prevention of parental intimacy with the child's individual characteristics through the adopter's investment of her/him with magical powers. Problems may arise when the 'charm' is not effective or once the charm has worked. Resentment and disappointment may accrue in the first case, whilst neglect, stemming from a sense of 'you've served your purpose', may result in the latter.

2.2.1 (iii) The adoptee as a possession and/or the object of a rescue operation

Moss and Moss (1975) compare the situation of the infertile couple with that of the parents of defective children. Solnit and Stark (1961) argue that healthy parental attitudes will

develop in the latter only if the couple are able to mourn the expected undamaged, unborn infant. Similarly, Moss & Moss (1975) suggest that adoptive parents-to-be need to mourn the fantasied unborn children, otherwise a number of maternal and/or paternal attitudes may ensue:

- (i) the child is regarded as a possession - here the child may be seen as a gift validating the mother's sense of her own personal worthiness.
- (ii) the child is seen as the object of a rescue operation - here the neglected or deprived child may be viewed in terms of her/his condition rather than as a person in his/her own right.

Both these representations constitute a misrepresentation of the child: in the first case, the adoptee is treated as a compensatory object; and in the second, fantasies bolstering the parents' lowered self-esteem are woven around the condition of the child and the action of adoption. The compensatory function of these attitudes towards adoption and the adoptee has been described by Kraft (1980), who considers adoption to be a narcissistic compensation or self-prescribed treatment for the nonfecund couple's sense of narcissistic injury. However, such a 'solution' may really serve as a cosmetic remedy in that the couple's sense of injury may be re-evoked when the adoptee does not prove to be ideal, for, as Feder (1974) claims, "sterile parents expect 'the perfect product' " (p.493).

2.2.2 Parental attitudes and representations of the adopted child

The continuing influence of infertility on the evolution and nature of the parents' representations of the adoptee forms the focus of discussion in this section. Deutsch (1945), who regards the understanding of the psychology of the adoptive mother as crucial to the development of insight into the plight of the adoptee, outlines two ways in which problems may arise in the adoptive parent-child relationship.

Firstly, she alleges that the contribution of the conflicts surrounding motherhood together with "the psychologic motives for sterility (if any) and the woman's reaction to her renunciation" (p.397) should be taken into account in the assessment of the adopter-adoptee relationship. In other words, if the pains of infertility are not confronted and overcome, and adoption is sought as a remedy, it is highly probable that the emotional difficulties contributing to sterility may re-emerge in the adoptive mother in a new form.

Deutsch (1945) suggests that the fear "I cannot have a child" may become transformed into the fear of loss "the child will be taken away from me" (p.419). Illustrative of this is the case of the adoptive mother who followed her little adoptive son like a shadow in the fear that the unknown mother of the child would kidnap him. Reacting to this excessive attachment, the boy became a runaway in his puberty, which confirmed her strongly held suspicion that he longed for his biological mother. The above case exemplifies Deutsch's

argument that the adoptee may then become the bearer of all problems that have led to sterility as well as of those that normally pertain to a child of one's own.

To understand the second way in which problems may arise, we need to consider a fundamental concept which Deutsch has developed - the hero birth myth. This is a fantasy which all mothers-to-be are alleged to experience:

"However much she may be controlled by a sense of reality, every woman feels that she bears a future hero in her womb, and the content of her fantasy is the 'myth' of his birth. He not only represents her own masculinity - even when she is the most feminine of women - but he also represents all the overvaluation that once applied to her father and possesses all the virtues her own father lacks."

(Deutsch, 1945, p.150).

Deutsch's adherence to the Freudian notion that the ultimate fulfilment of a woman is realised in the birth of a male child and her phallocentrism is evident in this passage. The adoptive mother shares with the natural mother the desire for the realisation of this 'hero birth myth' which encompasses the fulfilment in the child of her own cherished ideals and wishes. Deutsch claims that normally in time any disappointments will be absorbed by maternal love and the demands as to the child's future become tempered by reality and thereby become modest. However, and this is where the adoptive mother may differ significantly from the biological

mother, in the case where the woman's narcissism remains uncompromising and the demands upon the child are not reduced, there is a strong likelihood that disappointment reactions may manifest in an attempt to blame reality for her disappointment - "It's not my child". Bernard (1963) who understands the heightened narcissism as compensating for a continuing sense of injury associated with infertility expresses a very similar view:

" ... for such parents (those whose narcissism is heightened) the adopted child may be valued far less for himself than as a narcissistic compensation for a persistent sense of narcissistic injury. The child disappoints such a parent whose expectations are irrationally high, whereupon adoption provides an all-too-ready rationalization for rejection, i.e. "He's not really my child."

(Bernard, 1963, p.424)

Thus the couples' sense of injury may be re-evoked when the adoptee does not prove to be ideal. Such disappointments may lead to parental rejection: in the extreme, return of the child to the agency (Feder, 1974) or as described above, an emotional disownment of the adoptee.

Brinich (1980) has described the character and possible effects of the parental representation which he attributes to the combined contribution of the factors of infertility and the obscure genealogical background of the adoptee. Starting from the frequently documented premise that the presence of the adopted child serves as a reminder

of the parents' infertility (Cooper, 1971; Rothenberg, Goldey and Sands, 1971; Simon and Senturia, 1966), Brinich argues that a distorted cathexis of the originally narcissistic libido will occur and manifest in the inability to accept the adoptee's expressions of instinctuality e.g. soiling, sexual curiosity, aggression directed at the parents. These areas of sexuality and aggression are particularly sensitive for the infertile surrogate parent in whom repression has taken care of the associated conflicts. These vulnerabilities, together with the knowledge that the child was part of another woman's body, result in a lack of tolerance of certain aspects of the child, and a split internal representation of the child may develop. In other words, the adoptee becomes two different children to the adoptive parents, our 'good' child and their 'bad' child. Brinich (1980) argues further that the unacceptable representation of the child contains the parents' view of instinctual behaviour as connected to, and reflective of, the adoptee's 'bad blood'. The little known genealogy of the adoptee reinforces this construction. These double representations held by the parent create problems at each developmental phase and "certainly are perceived by the child; indeed it is likely that the child will incorporate them into his or her own self-representation" (Brinich, 1980, p.126).

The diagram below aims to illustrate the development of this kind of parental representation.

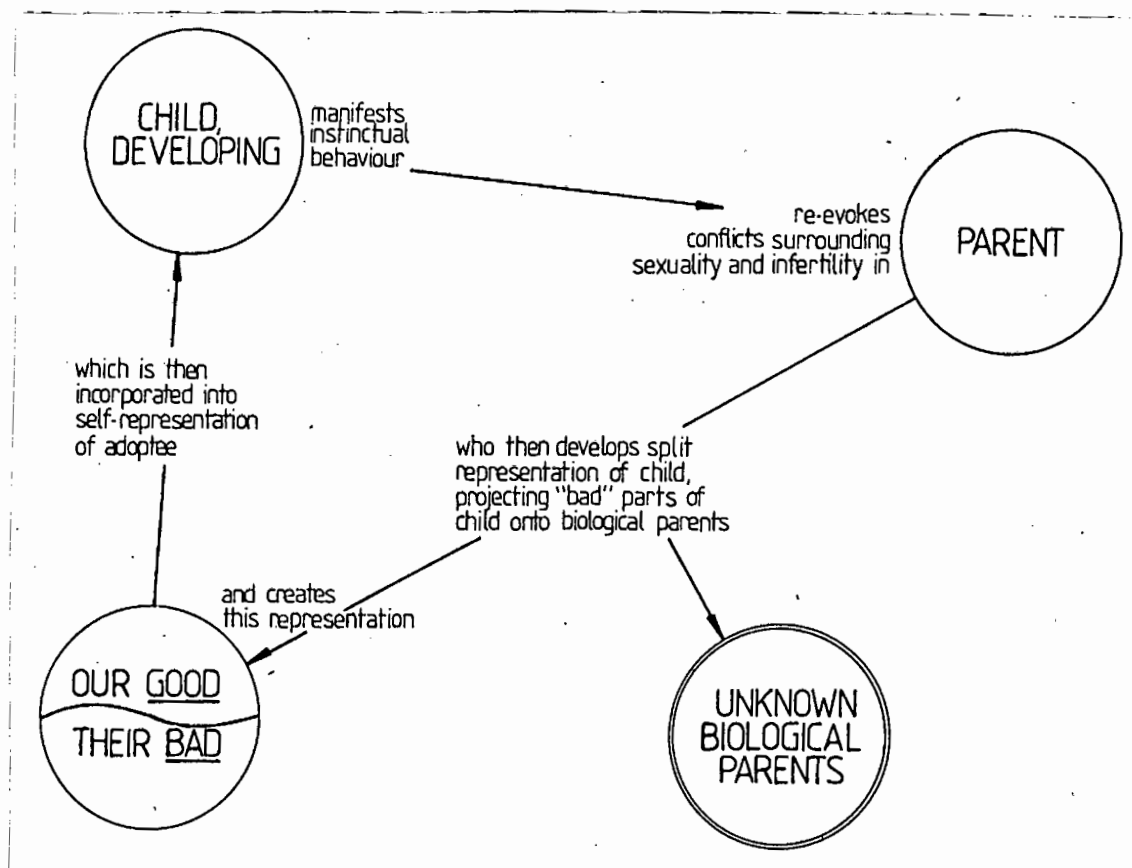


Diagram I. The split parental representation of the adopted child

2.2.2 (i) Fantasies stimulated by the act of adoption

Deutsch (1945) has described how the relation between fantasy and reality is displaced for the adoptive mother for whom the facts of the background of the adoptee are obscure. Thus "much that otherwise would be recognized as the pure product of fantasy activity is here [in the case of adoption] stimulated, intensified and endowed with a real character by external events" (p.420). This can be seen in the rescue fantasies of adoptive parents and the fantasies elaborated about the child's background exemplified by the revival of the family romance.

Rescue fantasies

Rescue fantasies spun around the act of adoption have been reported by the adoptive parents studied by Brinich (1980), Deutsch (1945), and Walsh and Lewis (1969). The function of these fantasies, which do possess some correspondence to reality, has been seen as a compensation for the guilt surrounding the thought 'we are stealing this child', for as Deutsch (1945) remarks, "it is better to rescue a child than to steal one" (p.416). Brinich (1980) suggests that the action of adopting may reawaken Oedipal conflicts - he does not specify why - and that problems may arise when the couple has not achieved a reasonable negotiation of the Oedipal stage. Walsh and Lewis (1969) have argued that the extent of the fantasy of "having stolen a child" is inversely proportional to the sense of entitlement to be parents that the adopters possess.

2.2.2 (ii) Revival of the family romance of the adoptive mother.

The unknown quality of the genealogy of the adopted child has another repercussion - the re-evocation of the family romance in the adoptive mother. Laplanche and Pontalis (1973) define the family romance (Freud, 1909) as "a name for phantasies whereby the subject imagines that his relationship to his parents has been modified (as when he imagines, for example, that he is really a foundling)" (p.160). A more detailed discussion of this concept is provided in Section 2.4.2 (ii).

Deutsch (1945) argues that the curiosity about the adoptee's unknown origins - 'who were his/her real parents?' - paves the way for the revival of the adoptive mother's own family romance in a completely modified form. To illustrate this, she cites a case of a woman who spun a family romance around her adopted child. On learning that the child was of superior, perhaps aristocratic parentage, the client fantasised that the little girl was of very special origin, that Prince X, who was notorious for his many love affairs, would one day appear on the scene as the father, fall in love with his little daughter, and richly reward her kindly adoptive mother. The mother of the adoptive mother was a minor actress who, after separating from her insignificant husband, had a love relationship with a wealthy and influential man. This man had taken care of his mistress's daughter, providing her with professional education and career. The daughter knew and loved her own father, nevertheless she was not free from the fantasy that her mother's lover was her real father. With her own subsequent adoption of a little girl, this fantasy was revived, and in experiencing "a new edition of the original fantasy" (p.419) she gained insight into her family romance after postponement for a generation. It can be seen how the revived version of her family (i) was constructed from the minimal information about the adoptee's background together with her impressions of her surrogate father figure, and (ii) demonstrated her wish for his return and his recognition. Her family romance too may be seen as revealing a desire for repetition in the form of her wish that her adopted child experience the fatherly care she had benefitted from as a little girl.

2.2.3 The Absence of Pregnancy

Attention has been drawn to the implications of the absence of the period of pregnancy for the adoptive parents (Deutsch, 1945; Kirk, 1964; Moss and Moss, 1975; Reeves, 1971). The missing of such an experience has been considered to change the preparation for the assumption of the parental role (Kirk, 1964) and to alter the opportunities in which primary identification with the foetus occurs (Moss and Moss, 1975; Reeves, 1971). In this section, a summary of the implications drawn above is presented. The more recent literature about the psychological changes associated with pregnancy is reviewed to establish a comparison between the natural mother and the adoptive mother, as hypothesized by the author.

2.2.3 (i) Inadequate role preparation

Kirk (1964) advocates that adopters suffer from an inadequate preparation for the parental role in that

(1) they usually have no contact with models of adoptive parenthood - their perceptions are derived from biological relationships.

(2) they lack a clearcut timetable of pregnancy which

enables the future parents to share and explore their expectations of parenthood.

Furthermore, the external manifestations, e.g. enlargement of body, wearing and sight of the maternity clothes, changes in behaviour such as the well-known food cravings, Kirk (1964) argues, serve as signals both to the parents and to the outside world that an important change is being anticipated. In contrast, the change for the expectant adopters is often abrupt in that the interval between knowledge of the availability of the child and its arrival is considerably shortened.

2.2.3 (ii) Pregnancy as a fundamental time for identification

Reeves (1971) argues that the absence of the period of pregnancy places the surrogate mother in a difficult position in that she has not experienced the evolving processes of identification with the foetus, and later the baby. He sees her as prematurely exposed to the aliveness of the infant without having been "at-one-with" the foetus during gestation, nor having been prepared for future separations through the prototypical experience of parturition. The surrogate mother, in his opinion, is sensitized to the "not-me" of the baby and thus likely to establish a labile bond with the child. He then postulates that such a situation may lead to problematic toilet training. He argues in the following way. The stool is the child's excretion, that

which is expelled, removed, disposed of. As a production it is the act of the child, as a reproduction it is an act of mother and baby. He suggests that, as the stool is an autonomous product of the child's bodily activity, it is fitting for it to represent the conflict between the psychical needs of mother and child. Comparing the surrogate mother to Freud's notion of the hysteric (Freud, 1893), Reeves (1971) suggests that she "suffers from reminiscences" (p.167) and that the infant's stool becomes the hysterical symptom, a 'mnemic symbol' of the child's otherness, of that which she as a surrogate did not create (through the implied equation of baby = penis = faeces). The child's production of a stool reawakens an awareness of her inability to produce a child of her own, to reproduce, and re-evokes feelings associated with rearing an unknown child, a not-mine baby. Reeves (1971) illustrates the conflict which faces the mother by explicating two contradictory propositions and their unconscious equations:

"(a) This is my baby ≠ This was my baby ≠ I bore this baby ≠ I am bearing this baby; and

(b) This is my baby's stool ≠ This is what my baby bears ≠ X (the baby who is 'not-me') is bearing my baby ≠ I am not bearing my baby ≠ This is not my baby."

Although there may be much value in Reeves' (1971) argument, there is a jump from the level of unconscious fantasy and symbol to the behavioural level of difficulties in toilet training which does not seem justified. Reeves' (1971) speculations about

the kind of ego formation to be found in adoptees are reviewed in Section 2.4.1.

2.2.3 (iii) The work of Deutsch, a review of the major findings of more recent research on pregnancy

Deutsch (1945) believes that adoptive motherhood can be successful if the mother's frustrated narcissistic wish "to continue in the child her own physical ego" (p.393) is transferred to the pride she achieves through the tender care, education and personal influence in her relation with another woman's child. Although the implications of the absence of pregnancy are not spelt out, Deutsch describes the experiences missed by the adoptive mother:

"The dolce far niente, the gratifying introversion of pregnancy, with its absorption in the promising future, the gradual maturation of the fantasy of a child to its reality, the uncomfortable and yet satisfying yielding of the woman's own organs to prepare a dwelling place for something that is only developing, the exemption from obligations and the joyful postponement of ordinary life problems to a later date, the fantasies about what sort of being the child will be, the active and joyful preparation of a nest, all are denied to the adoptive mother."

(Deutsch, 1945, p.423)

This lyrical description portrays Deutsch's rather romantic view of pregnancy which has restricted relevance to the majority of contemporary mothers who are certainly not exempt from obligations, nor sheltered from everyday life problems. Despite her ignorance of socio-economic realities Deutsch highlights some of the central themes which have been further investigated by more recent researchers into the field of pregnancy (Benedek, 1960; Bibring et al, 1961; Kestenberg, 1956, 1976; Pines, 1972; Raphael-Leff, 1980, 1981). Before introducing the findings of these studies, it is interesting to note the similarity between the gratifying introversion of pregnancy and a concern with fantasy described above, to Winnicott's concept of primary maternal pre-occupation (Winnicott, 1956), which he developed when considering pregnancy from a psychological rather than biological point of view. He saw the special condition of the mother as gradually developing and becoming a state of heightened sensitivity during, and especially towards the end of, the pregnancy. Furthermore, it was suggested that primary maternal preoccupation lasts for a few weeks after parturition and was subject to repression once the mothers had recovered from it. The function of this short-lived "indrawnness" or "normal illness" (1956, p.302), as he termed it, is the sensitization of the mother-to-be to the infant's needs so that when the baby is born, its existence is accepted rather than reacted to. Phrased differently, the mother's preoccupation with her foetus, and later infant, enables her to feel herself into the infant's place, and so meet the infant's needs.

At this point, the major trends of current research will be discussed in order to provide a clearer, more up-to-date perspective of the kind of psychological processes characterizing the life event of pregnancy. Kestenberg (1976) cites Deutsch's work as a classic source in the field of the psychology of pregnancy. Despite criticisms directed at Deutsch's phallocentric view and the attempts to outline the significance of the vagina in the little girl's development (Erikson, 1964; Horney, 1967; Kestenberg, 1956, 1976), together with the existing major diversions of opinions with respect to the nature of female sexuality (Baker Miller, 1973; Chasseguet-Smirgel, 1970, 1976; Mitchell, 1974; Thompson, 1942, 1943), two themes stressed by Deutsch have gained repeated recognition in more recent studies: the re-evocation of fantasy during pregnancy and the re-examination of aspects of the mother-to-be's own mother-child relationship. Recent researchers appear united by a view of pregnancy as a developmental life crisis, involving "regression and reintegration" (Kestenberg, 1976). Pines describes pregnancy as:

"An ongoing process, giving time for the future mother to adapt both physically and emotionally to becoming a mother herself. At the same time she still has to remain the child she was in order to identify with her own child inside her body."

(Pines, 1978, p.20)

The kind of fantasies frequently described by researchers will be discussed in a chronological framework. Pregnancy has been divided into phases, each of which is dominated by fantasies associated with certain psychosexual stages, although a strict progression from oral to genital phase is not implied. Raphael-Leff (1980, 1981, 1982) has outlined a schema of 3 phases, resembling conceptualisations of Bibring (1961) and Kestenberg (1956, 1976). On the basis of her work with pregnant women (in groups and individually) and an interview survey of mothers of infants and toddlers, she proposes that pregnancy constitutes a series of tasks preparing and rehearsing the woman for motherhood:

" ... pregnancy may be regarded as a condensed rehearsal of the mother's future relationship with her baby in the two years following birth."

(Raphael-Leff, 1980, p.192)

The first phase, beginning with the discovery of conception and ending with the first awareness of foetal movements, poses, Raphael-Leff (1980) argues, the task of emotional fusion with the embryo. Likening the mother's early experiences of pregnancy to the baby's first experiences of the mother, a parallel is drawn between Mahler's (1972) normal symbiotic phase, in which the mother-child dual unity is linked, within a common boundary, with the psychic task of integrating the physical reality of pregnancy, namely on one level sharing one's body with an unknown embryo.

The quickening heralding the second stage introduces the mother-to-be to the task of differentiation between herself and the foetus. Raphael-Leff (1980) compares the process of the woman's developing identity of herself as a mother to the hatching of the infant into the world. It is during this second stage that features of the early mother-child relationship are revived and Oedipal strivings may be prominent. Pines (1978) throws light on the former when she discusses the processes through which the woman gains her new identity as a mother:

" ... in particular the relationship between the future mother and her own mother comes into the foreground; for the pregnant woman has to learn to play the role of mother to her unborn child whilst still remaining the child of her own mother."

(Pines, 1978, p.20-21)

It would seem that the identity of mother is drawn from modelling on one's own mother and an ability to integrate the foetus as part of oneself. Deutsch, in emphasising that the capacity for motherhood is related to the expectant woman's identification with her mother, argues that:

"The ego of the pregnant woman must find a harmonious compromise between her deeply unconscious identification with the child which is directed toward the future and her identification with her own mother, which is directed towards the past."

(Deutsch, 1945, p.145)

Oedipal strivings may be re-evoked by the emergence of archaic fantasies about (1) 'usurping' the mother's role with the father, and (2) about making a baby with the father (Raphael-Leff, 1980).

The third phase, which has been dated by many writers as somewhere near the end of pregnancy, coincides, Raphael-Leff (1980) claims, with the "pregnant woman's belief in the inability of the real baby outside her body" (p.187). This may range from 28 weeks to 32 or 36 weeks. This final phase embodies the task of separation from the baby. Major concerns of this stage are birth, fears of damage, exposure, loss of consciousness and control. Childhood sexual theories such as the cloacal theory may be re-evoked.

Through this brief sketch of Raphael-Leff's schema, the notion may be gained of a progression (through regression to old conflicts, identifications and fantasies) in the formation of a new identity. Gradually, as the mother experiences the changes associated with the three phases, she learns firstly to accept her state of pregnancy, secondly she begins to relate to her moving but unseen foetus from which she finally separates in readiness for the task of giving birth to her baby. The following table provides a summary of the predominant fantasies described by pregnant women during the three phases of pregnancy.

PHASE	FANTASIES	TASK
<u>ONE</u> spanning from awareness of conception to the first felt movements of the foetus <u>TWO</u> spans from quickening until beginning of phase three <u>THREE</u> starts from the time when the mother feels that baby could survive outside of her	fantasies about change of body image foreign body tyrannising mother-to-be's body hostile and ambivalent feelings towards foetus manifested in nausea, vomiting and the craving of foods symbolizing fertility (such as seeded fruit) conflicts about retention of pregnancy fantasies about the foetus - may be given name, sex, characteristics preoccupation as to whether baby will be normal or not, associated with monster vs hero theme, relives Mother's own pregnancies relationship with mother re-examined aspects of early child-mother relationship re-emerge — reconciliation with mother necessary for her developing identity as a mother Oedipal residues - archaic fantasies about usurping Mother's role with father, about having a baby with him increased concerns about labour fears about birth revival of childhood sexual theories of birth particularly the cloacal theory - one single cavity in the body	Acceptance of pregnancy Emotional fusion with foetus Gradual differentiation between woman and foetus Separation from the baby

TABLE II

The Psychological Processes accompanying the phases of pregnancy

2.2.3 (iv) A comparison between the experiences of
the adoptive mother and the natural mother

In the previous section, the major findings of recent research into the psychological processes accompanying pregnancy were considered. It now seems appropriate to begin to compare the experiences of the adoptive mother with those of the natural mother in the period leading up to the acquisition of a child.

For the purposes of this comparison, it must be presupposed that both mothers share a common desire for a child of their own. Such a comparison must then begin with the issue of conception.

For the biological mother, conception represents an overall gain whereas to the infertile adoptive mother, it entails inter alia narcissistic injury, doubts about sexual identity and the loss of the ideal of oneself as a biological parent. The losses associated with infertility which face the adoptive mother contrast sharply with the realisation of the biological mother's desires for parenthood, and the attendant validation of her sexual identity through conception.

From Table II, it can be seen how the psychological processes, and particularly the fantasies, associated with the earliest and final stages of pregnancy relate closely to bodily changes. Thus, the oral preoccupations, especially the food cravings and occurrence of nausea and vomiting, are both indicative of, and interwoven with, the major psychological

task of awareness of pregnancy: the adaptation to the physical state of carrying a foetus, or being "two-in-one body" (Raphael-Leff, 1980, p.182). Similarly, the anticipation of parturition stimulates fears about giving birth and triggers the revival of the mother-to-be's childhood sexual theories.

In contrast, the adoptive mother is not faced with the biological changes accompanying pregnancy. It would seem that the working-through processes associated with phases one and three are not naturally stimulated in the adoptive mother-to-be. However, some degree of overlap exists between the experiences of the two kinds of mothers under discussion, and becomes particularly apparent when the second phase of pregnancy is considered. The first similarity involves the construction of fantasies about the foetus. The woman anticipating the arrival of her adopted child might well, like her pregnant counterpart, imbue her child-to-be with certain characteristics such as a name, a sex, personality, all in accordance with her own psychological needs. The adoptive mother-to-be shares a second set of experiences with the expectant mother - the re-evocation and re-examination of her relationship with her own mother. As has been indicated before (p.72) the resurgence of material pertaining to the mother-child relationship serves to promote the crystallizing identity of motherhood. In particular, feelings of dependency need to be worked through so that the daughter may gain permission to be a mother herself (Deutsch, 1945; Raphael-Leff, 1980). At this point, an important difference

emerges between the experiences of the adoptive mother and the biological mother. Not only is the adoptive mother confronted with her own mother-child relationship, she is also faced with an additional task of much significance: the confrontation of her representation/s of the adoptee's biological mother. Contact with the material associated with her own experience of being mothered may sharpen her awareness of the fundamental distinction between her mother and herself. She is unable to repeat what her own mother achieved: she cannot bear a child in the same way that her mother bore her. This distinction may place the adoptive mother-to-be in a 'one down position' both in comparison with her own mother and with the adoptee's biological mother. If the adoptive mother does not place her own mother-child relationship in perspective, the likelihood exists that difficulties associated with aspects of this primary relationship may be projected onto her representation/s of the phantom biological mother. The negotiation of these two tasks has been described by Deutsch as fundamental to the development of adequate mothering:

"The adoptive mother must prove herself even more free from old dependencies, if she is to get rid of tormenting ideas, no longer animistic but really justified, about the robbing, competing, devaluated, and above all, "unknown" natural mother."

(Deutsch, 1945, p.415)

A third aspect relating to the second phase is the issue of

heredity. The biological mother-to-be may entertain certain fears about the negative influences of her or her husband's hereditary traits, but, unlike the adoptive mother-to-be, the opportunities to carry out investigations and thereby dispel fantasies are usually available. The meagre knowledge about one or, less frequently, both parents of the adoptee, and the absence of, or limited access to, records of the genealogical background, may serve to maintain the fantasies constructed by the prospective adoptive parents. The distortion of the balance between fantasy and fact, which has been discussed previously (p.62), seems to be a consequence of the lack of the corrective influence of external reality. Concerns about heredity may be seen as variations on the core two-sided fantasy: I will bear a hero/Messiah versus I will bear a monster (Deutsch, 1945; Raphael-Leff, 1980). Although the content of these fantasies about the nature of the infant is the same for both mothers, there is a marked difference between the bearing and receiving of a child, be it construed as a monster or Messiah. Essentially, the adoptive mother is very much a recipient, while the biological mother is a producer. The former has a more distant relationship with the product. It could be argued that the adoptive mother is in an analogous position to a biological father. However, although there may be a general similarity, the analogy breaks down when the physical presence of the changing body of the pregnant mother is considered. The expectant father has the visual and tactile cues of pregnancy, together with many behavioural and other signs, which

bring him closer to the reality of the person he too has produced, albeit in a less direct way. The biological mother, in contrast, has an intimate relationship, as a producer with her product. In fact, there may be a blurring of the distinction between the product and the producer, the foetus and the mother (Raphael-Leff, 1982). The child, in the case of the biological mother, is more closely identified with the ego of the mother. With the blurring of boundaries between foetus and self, the fantasy 'I am bearing a hero/monster' may be substituted by the fantasy 'I am a hero/monster'.

A further dissimilarity arises in considering the different ways in which the two mothers cope with disappointment in their child. Whereas the natural mother is forced to face the questions "What part of this disappointment is attributable to me? Is this part of the child like me?", the adoptive mother has access to the rationalization "It is not my child".

The discussion of the experiences of the adoptive and biological mothers is summarised in Table III. It can be seen that despite the major changes on a biological level, there are many processes occurring on a psychological plane at the times of conception and pregnancy. The function of these psychical activities seems to lie in the preparation of the expectant woman for the birth of her baby, as well as for motherhood. Leading on from this tentative comparison between the two mothers, the question arises as to what the

TABLE III

COMPARISON BETWEEN THE ADOPTIVE MOTHER
AND THE BIOLOGICAL MOTHER

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Assumption throughout is that both kinds of mothers want children.

	BIOLOGICAL MOTHER	ADOPTIVE MOTHER
Conception	<p>narcissistic equilibrium</p> <p>affirmation of healthy body image.</p> <p>validation of sexual identity.</p> <p style="text-align: center;">GAIN</p>	<p>narcissistic injury</p> <p>deficient body image</p> <p>doubts of sexual identity</p> <p>loss of ideal of one-self as a biological parent</p> <p>mourning process</p> <p style="text-align: center;">LOSS</p>
Phase One	<p>change in body image</p> <p>ambivalence towards foetus</p> <p>orality - food cravings</p> <p>fantasies about retaining/defaecating the foetus</p> <p>FUSION - infant is part of me</p>	<p>none</p> <p>could be ambivalence towards idea of having children in view of trauma of infertility</p> <p>none</p> <p>none</p> <p>not at this stage</p>
Phase Two	<p>foetus like an imaginary companion given name, sex, characteristics.</p> <p>concern about heredity - this can be checked out</p> <p>fear of producing Messiah versus a monster</p> <p>relationship with own mother re-evoked and re-examined</p>	<p>could have such fantasies but perhaps not based on stimuli such as "he's a real kicker"</p> <p>ongoing concern about heredity of adoptee - not easy to check out</p> <p>fear of <u>receiving</u> a monster perhaps hopes for hero/ine of her dreams</p> <p>rel. with own mother could be re-examined and adoptive mother is in 'one-down' position - not able to produce a child like her mother did.</p> <p>additional aspect rel. with mother of adoptee to be examined - feelings of competition, envy, moral judgment</p>
Phase Three	<p>sexual theories of birth revived</p> <p>fantasies and fears about labour</p>	<p>does not have to experience parturition</p>

implications are when the emotional work accomplished through the processes of regression and reintegration is relatively lacking, as in the case of the adoptive mother. Research is needed into this important question together with explorations of the impact on the adoptive mother and the early mother-child relationship of the frequently sudden arrival of an unknown baby.

2.2.4 Kirk's patterns of adoptive parenthood

Kirk (1964), who has carried out extensive surveys of adoptive parents, facilitated groups of such parents, and who is an adoptive father himself, has described a series of difficulties encountered by adoptive parents. These impediments are viewed as consisting of:

- (1) the feelings of deprivation associated with involuntary childlessness as experienced by the parents prior to adoption.
- (2) little, if any, exposure to other adoptive family situations which might serve as models.
- (3) the absence of physical pregnancy serving as a framework for emotional preparation together with no feedback from friends and relatives regarding the approaching parental status.
- (4) the subjection to intensive screening on application, and placement in a position of dependency on the agency "middle man" to gain acceptance and approval

- (5) the role shift required of adoptive parents who are generally seven to eight years older than biological parents and who have been childless for an even longer period.
- (6) the insecurities created by the probationary period - Goldstein, Freud and Solnit (1980) are in agreement with Kirk's view and suggest that the uncertainty of this trial period leads to hesitation on the part of the parents to make a full commitment to the child.

Kirk has described two orientations, or patterns of coping with this role handicap of adoptive parenthood. It is emphasised that these patterns are not mutually exclusive, in other words, the couple's functioning may incorporate aspects of both styles, namely 'acknowledgement of differences', characterised by a view of adoptive parenthood as differing significantly from the biological model; and 'rejection of differences', where there is denial of any notions of difference and efforts are made to emulate the biological model of parenthood. Kirk (1964) argues that at different times in the life cycle, the different patterns have advantages over each other. Thus, in infancy and early childhood, the 'rejection of differences' style may facilitate the adopters' movement into parenthood by promoting a sense of entitlement and endorsing "feelings that the child is rightfully theirs" (p.89). However, this approach may be disadvantageous when revelation and disclosure of background information become pertinent issues. Kirk found

that parents utilising this (the rejection of differences) style, tended to minimise the impact of revelation, to de-emphasize the significance of the biological parents to the point of removing their image, and to create a myth of origin about the facts of adoption, namely the adoptee would be told that she/he was chosen out of all others and furthermore was fated for that particular adoptive family. According to the 'rejection of difference' pattern, little information about the actual facts of adoption would be communicated. Instead emphasis would be placed on the adopter-adoptee bond in order "to take the sting out of an unpleasant situation" (p. 46). In contrast, those adopters whose method of coping resembled the 'acknowledgement of difference' style, supported by groups of other adoptive parents, were able to deal with the issues of revelation and disclosure more openly. In addition they displayed much empathy with the adoptee's history and could share their own deprivation (in the sense of being childless) with the adoptee. Kirk's favouring of this style with respect to revelation, has been criticised. Berger feels that Kirk's research

"leaves open the question of how much of an acknowledgement of difference the child might wish for. I am thinking, for example, of a child such as Peter, a latency boy, left by his mother at the age of three-and-a-half, and brought up by his father and his father's new wife. When Peter told the wife that his hair looked like hers (which is true), she hastened to say that she was not his real mother so his hair did not come from

her. Did she help the boy who desperately wants to belong to his new family?"

(Berger, 1979, p.172.)

Berger recommends delineation of limits beyond which openness could be detrimental to the child. She considers the popularisation through frequent references in the press of the needs of the biological mother as leading possibly to a sacrifice of the adopted child's needs.

Kirk's contribution serves as a link between this section on the adopters, and Section 2.3 which focuses on revelation.

SUMMARY

In this section, a survey of the literature concerned with an understanding of adoption from the adopter's point of view has been presented. A consideration of the motives underlying adoption revealed the significance of the trauma of infertility. The implications of such a crisis continue to affect the parental representations of the adopted child. The specific nature of these representations was also discussed. The deprivation of the experiences of pregnancy, which the adoptive parents suffer, has been seen by a variety of authors as creating stresses that are different from those faced by the biologically derived family.

Reeves (1971), for example, has highlighted the effects of the absence of gestation on the nature of the

surrogate mother's primary identification with her infant, whilst Kirk (1964) has described two patterns commonly employed by adopters in coping with this variation of parenthood. A review of more recent studies of the psychological processes characteristic of pregnancy has been presented. A comparison between the experiences of the adoptive mother and the natural mother in the period culminating in the acquisition of a child has been proposed and outlined as part of an endeavour to further work in this area.

2.3. REVELATION

2.3.1 Introduction

The issue of revelation has received considerable attention from experts in the field of adoption. It is generally agreed that "telling" is laden with much anxiety for the adoptive parents. This is clearly expressed by Deutsch, who saw revelation as a particularly difficult task in that

"she [the adoptive mother] must explain to the adopted child that she is not his real mother, she must revive the ghosts that she tries painfully to chase away from her own psychic life, unleash again the pain and estrangement that she mastered or still must master. She fears the burden that she must impose upon the child, his disappointment, his subsequent questions and explorations."

(Deutsch, 1945, p.425)

Much effort has been directed towards the development and provision of guidelines for revelation. It seems that a major shift in the approach to this issue occurred in the 1930's and 1940's when the 'early revelation' trend became popular in contrast to the previous preference for no disclosure at any time. There are still a few writers in the field (for example, Ansfield, 1971) who uphold this conservative and older position, but they exist outside of the mainstream of adoption thinking. A further shift in the field occurred when clinicians, and particularly those subscribing

to a broad psychoanalytic framework, began to raise questions as to the appropriateness of early revelation for the developing child. The question of revelation and the specific issue of the timing of telling has aroused considerable controversy, with particular attention being drawn to the implications of revelation for the child at the various developmental levels (namely the anal, Oedipal and latency stages of identity development). This emphasis on the perceptions of the adopted child is in line with the general shift, discussed in Section 1.3, from a concern with the needs of the adopters to a major focus on the best interests of the child. The most recent criticisms have been directed at the 'chosen child' approach of telling the adoptee that he is special and was chosen from a number of available children, and the barring of access to information about biological background. The latter has gained much coverage, particularly in the press, and is frequently referred to as 'the sealed records controversy' (Sorosky, Baran and Pannor, 1978). In this section of the chapter, the development of the major trends and shifts of opinion with respect to revelation will be reviewed. The sealed records controversy will be presented in broad outline.

2.3.1. (i) Definition

For the purposes of this thesis, revelation is broadly defined as the telling of the child that he/she is adopted. Revelation encompasses a number of interconnected issues: (i) the decision whether to tell or not; (ii) the timing of

disclosure, and (iii) the content of the communication.

2.3.2 The initial decision: to tell or not to tell

Two core opinions exist with respect to the question of telling itself. Ansfield (1971), the foremost representative of the one approach, regards revelation as the parents' prerogative; whereas the majority of adoption agencies in the United States of America (Schechter, 1967), the United Kingdom (Berger and Hodges, 1982) and the Republic of South Africa (Guide to Adoption Practice, 1972) advocate telling (a) on the basis of a moral point of view, in that the child's sense of trust in the parent should not be jeopardised, and (b) as protection against revelation by an outsider.

Strongly critical of those who insist on revelation, Ansfield (1971) is of the opinion that telling is hurtful to the child and that all pertinent information should be safeguarded. The damaging consequences he refers to, are proclaimed rather than specified. Ansfield's approach leaves the decision to the adoptive parents, who, he believes, are entitled to a choice. Research findings, however, have thrown doubt on Ansfield's assumptions. His central notion that such information can be safeguarded in the real-life situation is questionable as in most cases the child does make the discovery (Wieder, 1977a, 1978). Furthermore, McWhinnie (1967) and Triseliotis (1973) report that many adoptees who do discover that they are adopted through other sources have expressed resentment at the attempted protection from this knowledge:

"The parents' reluctance to tell was resented and criticised ... Most adoptees failed to appreciate the parents' explanation that they were trying to protect them. They viewed this kind of protection as misguided."

(Triseliotis, 1973, p.36)

In summary, it appears that what at the outset seems to be a question of whether or not to tell has become rather, an issue of who the informers would best be. Although researchers (McWhinnie, 1967; Triseliotis, 1973) have reported a preference on the part of the adoptees for revelation by the adoptive parents, little attention has been given to investigating the effects of revelation by external sources on the adoptive parent-child relationship. At present, the general consensus in the field appears to be that the surrogate parents should be responsible for revelation.

2.3.3 The timing of revelation

2.3.3 (i) Early revelation

The proposers of early revelation (inter alia, Knight, 1941, Kornitzer, 1976) share the view that the discovery of adoptive status via a third party is detrimental to the child. Although the general principle of telling early is followed by the majority of adoption agencies both in the United States (Schechter, 1960; Wieder, 1977a, 1978; Peller, 1961, 1963) and in Britain (Berger and Hodges, 1982), there is no one

agreed upon and recommended age at which revelation should occur. A survey of the literature reveals the different notions as to what constitutes early revelation. Kornitzer (1976), for example, recommends that words referring to adoption should first be included in the rhythmic lullabies sung to the baby, whilst Knight (1941) suggests that the child just be told "sometime during the fourth year" (p.71). However, telling the child in the second or third year of life also seems to be recommended practice (Wieder, 1977a, 1978). In summary, early revelation refers to a variety of policies advocating telling in the age range spanning from infancy to four years.

The prescription to "tell early" seems to have grown out of a response to the anxieties surrounding revelation commonly described by adoptive parents (Deutsch, 1945; Kornitzer, 1976; Schechter, 1970; Watson, 1978; Winnicott, 1955). Early telling has been suggested as an alleviation of the parents' "continuous dread" (Knight, 1941) of the adoptee learning about his adoption from outside sources, or having been informed without telling them. Kornitzer points to the possibility of jeopardising the relationship with the child if the parents are not honest

" ... perhaps a more common danger with many children is that they will cease to trust their adopters - who after all have been living a lie with them even if they have never told a deliberate untruth - and may never believe in them again."

(Kornitzer, 1976, p.119)

2.3.3. (ii) Criticisms of early revelation approaches and rationales for later telling

Peller (1961, 1963); Schechter (1960); Wieder (1978) and Williams (1967) have criticised the early revelation approaches described above, arguing that the effects on the child have not been considered. Knight's (1941) proposal that revelation is of little consequence to the child - he/she "will very likely ... think little of it and forget about it" (p.70) - has been strongly criticised by Wieder who points to the one-sided concern with the parents' difficulties:

"The focus in this [Knight's] rationale is on the parental dread, and the implications that the disorder is benign ('he will think little of it') should be clearly noted. The implication is on adult or parental wish masquerading as an observation of children."

(Wieder, 1978, p.795)

Wieder questions the fear of a disastrous loss of faith in the parents' word if adoption is heard of via a third party, arguing that the parents' dread that the child will hear becomes a need to tell which is projectively transformed into the idea that the child needs to be told. Wieder (1977a, 1978) has described the traumatic effects of disclosure between the ages of two and three on the child. (A more detailed discussion of his work appears in a later section, but a summary of his main conclusions is presented here.) His main conclusions are:

- (i) the message of relinquishment, "communicated at an age when fantasy and reality are not clearly demarcated, ... has endowed phase-specific fantasies of loss of object and love with a sense of actuality." (1978, p.795). Contrary to Knight's view that the child will soon forget it, Wieder (1978) found his patients "obsessed with the story and the fantasy distortions derived from it" (p.796).
- (ii) A confusion concerning the developing conceptualisation of the term 'mother' is created by telling the 2-3 year old child, at the height of the separation/individuation phase and/or anal psychosexual development, that another mother and father made him but could not keep him. Such a lack of clarity may undermine basic trust.

Wieder (1977a, 1978) argues against early revelation, stressing that a toddler needs to know that he belongs, rather than that she/he is adopted. No specific time is recommended:

"The precise pinpointing of when structure, phase conflicts and cognitive development are optimal is difficult to generalize."

(Wieder, 1978, p.802)

Deutsch expresses a similar view with respect to the complexity of predicting the appropriate time for revelation:

"The time of the explanation, and the amount of information that the child can receive without a traumatic reaction, cannot be determined on the basis

of intellectual and somatic maturity alone. It is thus impossible to satisfy the oft-reiterated demand for precise indications as to the age levels at which the various phases of explanation can be given."

(Deutsch, 1945, p.426)

In Wieder's opinion, it is important to shift the question away from a concern with the exact age at which it is best to reveal, and rather to investigate the more answerable issue of when is revelation likely to be least traumatic.

Peller (1961, 1963), Schechter (1960) and Williams (1967) share Wieder's view of revelation as traumatic, but differ from him in that they are more categorical about the developmental stage during which revelation should occur. All three authors are adherents to psychoanalytic frameworks of explanation.

Schechter (1960) recommends that revelation be delayed until the child has passed through the Oedipal phase. He argues that the knowledge of adoptive status, coinciding with the time of the Oedipal conflict, "can seem to prolong and prevent the resolution of this particular area of personality development" (Schechter, 1960, p.31). The knowledge that one has two sets of parents heightens the chance of splitting the image of one's parents and attributing the good elements to one set and the bad to the other. Furthermore, the reality of having two sets of parents enables the child to keep the good and bad images diffused, leading to "problems of super-ego and ego ideal formation" (ibid, p.29) such as poorly

integrated identifications. Schechter (1960) suggests that the child's immature ego cannot cope with what represents a narcissistic injury - the knowledge of rejection by its original parents. Symptom formation or character change may result from the child's constant fear that, having once been given up for undetermined reasons, he/she may again be rejected at some time in the future.

Peller (1961, 1963), in agreement with Schechter (1960), advocates against revelation during the Oedipal phase. She agrees that repeated references to adoption interfere with the full flowering of the Oedipal fantasy. "This fantasy with its strong positive and negative effects", Peller (1961) claims, "cannot take its normal course when the child is repeatedly told that 'he grew inside another lady'." (p.149). The introduction of another lady or another set of parents to the psychic reality of the child is considered more confusing than stories about the baby pond and the stork. Peller (1961) objects strongly to repetitious telling from the earliest possible age, contending that such a recommendation is incompatible with psychoanalytic knowledge of the young child's needs and "questionable on the basis of clinical experience" (p.145). She suggests that the facts of revelation are drawn into the whirlpool of the child's sexual and sadistic fantasies, or will be promptly denied or pushed aside. The elaboration of fantasy is facilitated by the implications of the adoption story :

"it is well nigh impossible to tell a child the story of his adoption without implying a cruel story of desertion and rejection or providing unintentionally the elements for such a fantasy."

(Peller, 1961, p.147)

This traumatizing experience is exacerbated by the anxiety engendered by the informer-parent. Peller (1961) makes a strong case for the significance of the revealer's attitude: the child "reacts far stronger to the parent/s' emotional state than to the information being conveyed."

To summarise, Peller (1961) regards adoption as a sexual topic and not merely a piece of family history. It is argued that the knowledge of being adopted is drawn into the child's available sexual theories, often resulting in confusion rather than enlightenment. Consequently, the question of origin - 'Where do I come from?' - becomes even more problematic for the adoptee than for the natural child.

Peller's (1963) recommendation that "adoption should be discussed with the child after his social orbit has widened ... that is in his early school years" (p.11) is supported by Williams (1967) who also views the middle period of latency as a suitable time for revelation. Williams argues that a toddler cannot grasp the meaning of having two sets of parents (a similar opinion to Wieder's (1978)) and suggests that efforts be made to form a closer alliance between child psychoanalysts and adoption agencies with a view to discussing the issue of disclosure of adoption.

Much controversy continues to rage over the issue of the timing of revelation. Raynor (1980), who does not subscribe to psychoanalytic modes of explanation, has concluded, on the basis of her recent survey of 160 families of foster parents and adopters, that early revelation is the least damaging approach. Furthermore, her research supports Triseliotis' (1973) finding that adoptees "who found out late or came to know about their adoption from outside sources were the most hurt or upset" (p.155). Raynor's recommendations are in direct contradiction to the major critics of early revelation (Peller, 1962, 1963; Schechter, 1960; Wieder, 1977a, 1978; Williams, 1967). Berger and Hodges have objected to Raynor's suggestion, arguing that she has neglected the factor of age as a major contributing influence to the adoptee's experience of adoption:

"Early telling according to Raynor - at up to 5 years of age - concerns an age range and could refer to toddlers as well as school-starters. The experiences of children in the respective age groups would by no means be the same."

(Berger and Hodges, 1982, p.73)

Berger and Hodges (ibid) question Raynor's interpreting late revelation as referring specifically to a time after the age of five. They draw attention to the many reported instances (Triseliotis, 1973) of discovery taking place in adolescence or young adulthood.

Amidst the varying opinions as to whether revelation should

take place early, or be postponed to the latency period, there seems to be one area of common agreement: telling is contra-indicated at the time of adolescence. Berger and Hodges describe the inherent difficulties of disclosure during this phase:

"The adopted child's adolescence is an extremely difficult period for both the child and his parents. It is hard for the child because he is faced with the enormous task of creating for himself a sense of adolescent identity which has to accommodate the fact of his having two sets of parents, and, very often, the fact of his illegitimacy. For the parent it is hard because they may see their child's adolescence as a period when he might wish to search for his biological parents and leave them - and in the case of girls - when she might repeat her biological mother's sexual enactments. To leave the first telling till adolescence ... would - we think - only increase the turmoils of this phase, for both the adopted person and the parents."

(Berger and Hodges, 1982, p.87)

Watt (1962) has even gone so far as to suggest the delay of revelation until 18 years or after, when the adolescent has lessened her/his dependence upon the parents, and has acquired sufficient ego strength to cope with the associated anxiety.

In conclusion, much confusion abounds with respect to the issue of the timing of revelation. Proponents of early

revelation (Knight, 1941; Kornitzer, 1976; Raynor, 1980) do not base their recommendations on theoretical grounds. It seems that the policies favouring early telling have been based on ad hoc assumptions. From a different perspective, clinicians with a psychoanalytic bias have begun to explore the implications for the child of disclosure at the various developmental stages. Although united by a subscription to the tenets of the same basic theory, disagreements exist amongst these authors as to whether a time can be recommended or not. Berger and Hodges (1982), Deutsch (1945) and Wieder (1977a, 1978) argue against suggesting to parents one uniform age for revelation. Wieder suggests a shift away from a concern with the determination of the most suitable time for disclosure to an investigation as to the time when telling would be least traumatic. Berger and Hodges (ibid.) make a recommendation of a general, rather than specific nature: a time should be chosen when the child "has most on his side to cope with it" (p.87). On the other hand, latency has been pinpointed as a suitable time for revelation (Peller, 1961, 1963; Schechter, 1960; Williams, 1967). Requests for cooperation between adoption agency workers and psychoanalysts have met with resistance (Williams in Berger and Hodges, 1982). At present, agencies, in advocating their policies, seem to have paid little attention to research proceeding from developmental frameworks. No general agreement emerges from the radical dissension surrounding this issue. However, the contribution of two factors, (a) the age of the child and her/his emotional readiness, and (b) the attitude,

for example, anxiety or hostility conveyed by the revealer-parent, is being delineated in the literature.

2.3.4 The content of the communication

Much effort has been expended in providing guidelines as to suitable ways of telling the child that he/she is adopted. Articles discussing the exact words recommended for use have appeared! (Spencer, 1979). Recently the chosen child version has attracted much criticism (Berger and Hodges, 1982; Glenn, 1974; Peller, 1961, 1963).

Agency suggestions as to the content of the communication are based on Knight's (1941) and Kornitzer's (1976) recommendations that revelation take the form of a story about

"mothers and fathers who wanted a baby and never had one, and how in the end they heard about some babies who had no fathers and mothers, and chose one of them to come home with them and be their very own for ever and ever."

(Kornitzer, 1976, p.121)

Knight (1941) proposes that the child should first be told in this manner as soon as "he/she can comprehend the statement", and over time the story should be repeated several more times until comprehension is assured. Kornitzer (1976) advocates that telling be done in stages. She advises: "The safest rule is to start telling almost before the child can talk, and long before he can understand what 'adopted'

means." (p.118) Initially, adoption may be communicated to the baby as a "term of endearment" mentioned frequently "as a rhythm, as a sound, with loving overtones ..." (p.121); and between the ages of two to two and a half, a story such as the one described above should be related.

Berger and Hodges (1982) have questioned the use of the word "adoption" as endearment. They argue that the rationale for this approach seems to lie in the notion that such repetitions will induce in the child pleasant associations with the fact of being adopted through "a kind of conditioning" (p.69). This approach is thought to be of little significance:

"However, to our minds, whether he will feel as he grows older that his adoption is a happy thing, will depend on many factors, and least of all on early childhood associations with the word 'adopted'."

(Berger and Hodges, 1982, p.70)

(underlining this author's emphasis)

This early smoothing over and sugaring of revelation is seen to embody a wish to 'anaesthetize' the young child against the pain of understanding what it means to be adopted.

A similar intention seems to underlie the rationale of telling the adoptee that she/he is 'chosen'. Such an approach de-emphasizes the negative aspects of adoption, particularly abandonment by focusing on making the child feel special and therefore valued. This line of approach has been criticised for its "disingenuousness" (Berger, 1979, p.171; Berger and Hodges, 1982; Peller, 1961, 1963; Wieder, 1978;

Williams, 1967). The child may come to fear disappointing his parents if he displays those aspects of himself which did not affect his parents' original selection. Being informed that one is chosen and therefore special may lead to the holding of high self-expectations together with fears of possible rejection and even abandonment if they are not achieved. Glenn (1974) puts forward a different opinion which squarely undermines any attempt to cushion the trauma of revelation. He suggests that most adopted children, either consciously or unconsciously, know about their adoption and are aware of the falsehoods about adoption that the parent intentionally or inadvertently tells him/her. In the case of being told that he/she is chosen, Glenn argues:

"the child aware of the fabrication, may himself develop a need to lie, with the concomitant superego defect. Here the child identifies with the lying parent and may take revenge by creating falsehoods in ways that hurt the parent. Or the child may react to parental falsifications with hyperbole, imagining the adults to be totally corrupt."

(Glenn, 1974, p.415)

In summary, there is much current debate about what is best to tell the adopted child. Many adult adoptees have taken matters into their own hands by demanding that their original birth records be made available to them. This issue, commonly known as the sealed records controversy is considered in the next subsection.

2.3.5 The biological background

The question of access to the information concerning the biological background of the adoptee arises on two separate occasions. During childhood, the parents, in dealing with the issue of the content of revelation, have also to consider how much information they should disclose to the child. In adulthood, the adoptee often identifies a yearning in him/herself to locate such information, which may in turn facilitate or motivate a search for blood relatives.

The adoptive parents frequently feel that the child is not overtly interested, and thus do not see the need to provide any further information other than just the revelation of adoptive status. Berger and Hodges (1982), however, contend that the child may not display her/his curiosity directly and that the manifest disinterest should not be taken at face value. The yearning for knowledge about the characteristics of their biological parents is clearly revealed in the therapeutic intervention with the six child subjects of the Hampstead study group of adopted children (Berger, 1979, 1980; Berger and Hodges, 1982).

From a different perspective, studies based on surveys of adult adoptees (age range from early twenties to late fifties) have revealed a wish on their part to know more about their biological parents (Jaffe and Fanshel, 1970; McWhinnie, 1967). Triseliotis (1973), in his famous study of Scottish adoptees who have free access to their birth records, has found that keenness to investigate further about their

genealogical backgrounds is associated with (i) the perceived attributes of the adoptees towards the biological parents and (ii) the amount of background information made available by the adoptive parents. Those adoptees who received little or no data about their biological parents, and/or who perceived an antagonistic attitude on the part of the adopters to the natural parents, expressed a desire to find out more about their background, and, if necessary, to search for their family of origin. On the other hand, adoptee subjects who felt positively about revelation and did not sense hostility on the part of the adoptive parents, did not feel a need to embark upon a search.

Much disagreement exists in the field as to the reasons underlying the need for information about the biological background. Some authors (Frisk, 1964; Toussieng, 1962; view such interest and curiosity as a sign of emotional disturbance, whilst others (Kirk, 1964; Pringle, 1967) contend that this wish for further information is not an indicator of individual psychopathology or family conflict.

In the United States, adult adoptees, angry with being burdened with "the perpetual role of 'adopted child'" (Sorosky, Baran and Pannor, 1978, p.130) and with the barring of access to original records, have set about establishing information centres to facilitate the searches of determined adoptees of ages ranging from 21 to the late 60s. A new avenue of research has been opened by Sorosky, Baran and Pannor (1978), who have initiated the study of birth parent-adoptee reunions. It has been suggested, and validated

in a number of instances, that the successful culmination of searches can provide the adoptee with the sense of continuity and belonging that is vital for a secure sense of identity.

SUMMARY

In this section, a survey of the literature concerning the major issues surrounding revelation has revealed the diversity of opinions in the field. More recent work, covering the period 1960-1982, has been discussed in considerable detail. It has been shown how the prevailing, well-intentioned policies and practices followed by most adoption agencies, which seem to constitute ad hoc solutions to the problems posed by the issue of revelation, have been cast into doubt by the research of this period. Emphasis has shifted from a concern with the parental anxieties, to considerations of the required developmental level and available ego strength of the child to cope with the impact of revelation. Furthermore, Wieder (1978), whose work on the traumatic consequences of early telling will be presented in Section 2.4, has suggested that a different direction of investigation be taken - the exploration of when the child would incur the least trauma from revelation. Glenn's (1974) argument that the child is consciously or unconsciously aware of adoption, independent of revelation, in particular, leads one to question the relevance of attempts to anaesthetize the adoptee against the pains of discovery. The considerations of

these authors, together with the suggestions made by other contributors with a psychodynamic bias, seem to have made little impact on conventional adoption agency policies, despite appeals for interdisciplinary cooperation in decision-making with respect to the issue of revelation.

2.4 THE ADOPTEE

In this third section of the chapter, literature pertaining specifically to the experiences of the adoptee over the life span will be reviewed. This material will be presented under the five major headings:

- 2.4.1 Influences on ego formation and development.
- 2.4.2 The inner world of the adoptee.
- 2.4.3 Feder's view of the adoption trauma.
- 2.4.4 Adolescence.
- 2.4.5 Adulthood.

2.4.1 Influences on ego formation and ego development

Two major influences on the ego development of the adopted child have been outlined in the literature. Reeves (1971) argues that the markedly anal quality of the symptomatology (namely persistent soiling, stealing, reluctance to throw away rubbish or let it be disposed of) manifested by three children reared by surrogate parents is significantly related to the nature of early surrogate mother-child bonding. Wieder (1977a, 1977b, 1978) has emphasised and outlined the effects of revelation during the anal psychosexual stage on the ego development of the adoptee. The work of both these writers in the field is discussed in detail below.

2.4.1 (i) The early surrogate mother-child relationship

Reeves (1971) relates the nature of the ego development in

adopted children to the characteristics of the early mother-child relationship. As much of his argument is based on Winnicottian concepts, a brief review of some of Winnicott's major ideas about ego development is needed.

Winnicott (1960) argues that the study of early development must consider the important provisions made by the mother : the infant cannot be viewed in vacuo -

"There is no such thing as an infant, meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant."

(Winnicott, 1960, p.39 footnote 1)

This focus on the mother has led Winnicott (1956) to consider pregnancy from a psychological rather than a biological point of view and to describe a transient state of indrawnness accompanying childbirth, heightened at the time of childbirth and gradually coming to a halt during the first few weeks after parturition. He calls this short-lived "normal illness" primary maternal preoccupation (1956, p.302) and sees as its function the sensitization of the mother-to-be to the infant's needs so that when the baby is born its existence is accepted rather than reacted to. The mother possessing such an awareness of the infant can thus meet the baby's omnipotent gesture (e.g. crying) and make sense of it. Winnicott (1956, 1960) argues that through the repeated adaptations on the part of the mother to the infant's expressions, the infant can initially enjoy the illusion of omnipotent creation and control. With this foundation of emotional

experience, the infant can gradually abrogate omnipotence. Winnicott sees the role of the mother as slowly disillusioning the child, i.e. introducing the frustration of external reality, the experience of not having every need fulfilled at the right moment, of not having an exact fit between the needs of the infant and the adaptation of the mother. The infant who has experience of illusion can turn to illusory fulfilment at times of frustration.

This kind of nurturing is termed "good enough mothering" (1958, p.104) by Winnicott and is seen to promote healthy ego development. In contrast, the "not good enough" mother is one who is not sufficiently sensitively attuned to the infant's spontaneous omnipotent gesture. This inability to meet the baby's needs results in a substitution of her own gesture which is to be given sense by the compliance of the infant. It is this adaptation of the infant to the mother that Winnicott sees as the "earliest stages of the false self" (1960, p.145). It is through the compliant false self which reacts to environmental demands, Winnicott argues, that the infant "builds up a false set of relationships" (1960, p.146) based either on mimicry or a special ability to pick up cues for assuming a particular role to suit the occasion. The true self is never clearly defined by Winnicott, although it is linked with the spontaneous gesture of the infant:

"Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is the True Self, and the gesture indicates the existence

of a potential True Self."

(Winnicott, 1960, p.145)

Reeves (1971) considers the difference between acquiring and having a baby as crucially significant to the quality of the early surrogate mother-child relationship. Arguing that the adoptive mother has missed the psychological processes accompanying pregnancy and particularly the primary identification with the foetus during gestation, he proposes that she is sensitized to the "not-me" of the baby. The surrogate mother differs from the natural mother in that she has not been exposed to the gradual differentiation of the foetus/baby from a state of at-oneness to a recognition and acceptance of the baby as a separate being, culminating in the event of parturition considered by Reeves (1971) to be prototypical of all future separations. Furthermore, the adoptive mother, it is argued, is prematurely exposed to the 'aliveness' of her baby without a preparatory period of identification. These two differences can assume the dimensions of "a psychic insult for a mother anxiously endeavouring to establish an attachment tie" (1971, p.167). It seems to the author that Reeves is suggesting that the hindrance to the genesis of primary maternal preoccupation and thereby to the development of the sensitization of the mother-to-be to the infant's needs leads to a situation resembling that of the 'not good enough' mother in that the mother is not able to provide a more or less exact adaptation to the baby's needs. Her attunement to the adoptee is imperfect, and instead of moving from a period of illusion (in which the infant's need

is met either by the mother or through fantasy) through to a gradual disillusionment, the child is exposed to a sundering of barely established illusion and premature disillusion. Reeves argues that the surrogate child attempts to create the partially lacking foundation of illusory experience. This is illustrated by the dialogue between Paul and his mother about his obsessional touching ritual:

"(Walking in the street) Paul : Do not touch anybody.

Mother : Why?

Paul : Because I shall have
to touch them."

(Reeves, 1971, p.167)

Reeves offers the following explanation:

"Thus "If I touch anybody, you will touch "not-me".

"If you touch "not-me", you will touch my stool."

"If you touch my stool, you will throw it away."

"If you throw it away, you will throw me away."

But "I don't want you to throw me away."

Therefore "I shall make the "me" into the "me-and-you".

"I shall have to touch them."

(ibid, p.167)

Paul's touching ritual is seen as an attempt to restore the area of coincidence, which is threatened by the mother's withdrawal. The area of coincidence, or illusion, seems to refer to the early object relationship whereby the ego boundaries of the infant and the mother are diffuse in the sense that they overlap and there is therefore a large area of agreement, or fit between infantile need and maternal response.

Reeves (1971) postulates the formation of "satellite ego structures" (p.168) as a result of the premature disillusionment. This term which he has coined refers to the fragility of ego which is fragmentary, in that certain parts of it have developed as a result of compliance to the gesture of the mother, rather than through the gradual evolution of the capacity of the isolated individual in the facilitating environment to make a spontaneous gesture and thereby discover the environment. However, unlike the infant in the grossly 'not-good-enough environment', the surrogate child possesses some remnants of the True Self, in that some matching between mother and child has taken place. It seems that this true self (or parts of it) accounts for the rebellion against the fears of annihilation and engulfment engendered by the asynchrony of mother-and-child interaction. Reeves argues that the action of this ill-synthesized satellite ego structure is revealed in the asynchronicity of meeting and response characteristic of the interaction between parents and child, and is repeated in the therapeutic process.

In summary, Reeves has postulated an aetiological hypothesis for the markedly anal quality of the symptoms manifested by three children reared by surrogate parents: persistent soiling, stealing, reluctance to throw away rubbish or let it be disposed of, physical aggression towards younger siblings. Assuming that the stool of the child is vested with symbolic significance of producing and reproducing (implied through the unconscious equation of baby = faeces = penis) he proposes that the symptom is a dissociation

by the child and connects it with the prototypical dissociation which he sees as the evacuation of bowel and bladder.

The author has presented his argument of how toilet training difficulties may occur in Section 2.2.

2.4.1 (ii) The consequences of early revelation

A detailed exposé of Wieder's argument that early revelation disrupts the ego development of the adoptee is presented in this section. Different aspects of the ways in which this trauma has been seen to disturb developmental processes, object relationships, cognitive functioning and fantasy life are discussed below:

(a) Developmental processes. Wieder (1977a, 1978) alleges that the trauma of early revelation leads to a disorganizing regression and change of behaviour in the adoptee. The two-to three-year old child regresses to a state of exaggerated dependence which he sees as underlying the adoptee's freshly displayed separation anxiety, clinging, sleep and eating disturbances and crying and temper tantrums. In addition, phase-specific fantasies (in the case of the two-to three-year-old, those associated with the anal psychosexual stage of development) of loss of object and love are interwoven with the actual account of the relinquishment by the biological mother. The adoption story and fantasies associated with it may then be transformed into fearful fantasies concerned with the actuality of abandonment. This accent on actuality may

develop into an anxiety-laden sense of increased probability that fantasies of any kind will be realised. This sharpened awareness of probability heightens anxiety in response to which the ego resorts to the employment of defense mechanisms such as denial and reversal. Denial refers to "a refusal to recognise the reality of a traumatic perception" (Laplanche and Pontalis, 1973, p.118). Wieder uses it in the sense of the adoptee's refusal to recognise the reality of the traumatic perception of his/her adoptive status, and particularly the fact of having been given away. Wieder argues that denial, manifested in his cases by a turning away from the adoptive mother and refusal to listen to her explanations, may be supplemented by reversal. Laplanche and Pontalis (1973) describe the defense mechanisms as a "transformation of passivity into activity, or a turning around from the self on to the other person" (p.399-400). Wieder describes how the anxiety evoked by revelation may cause the child to project the hatred for the abandoning, unreachable mother on to the adoptive parent who bears the news. Such a rejection on the part of the child "serves as an illusory reversal of the actuality of the history" (1977a, p.17). The way in which reversal may become a general style of coping is illustrated in the case of Pete who rejected "object relationships such as learning" (1977a, p.7) which represented threats to his strong attachment to his adoptive mother. Wieder argues that

By rejecting before being rejected, he turned the passive experience into the active achieving of an illusory mastery

over feelings of being worthless.
 Inherent was the fantasy, 'I rejected
 my mother (biological)', reversing
 the actual history."

(Wieder, 1977a, p.7)

The use of denial as a prominent defense mechanism may also lead to a more generalised disturbance in the adoptee's learning, ability to think logically and "knowing" (1977b, p.188). This is illustrated by Pete's avoidance of all reminders to his thoughts and fantasies about his biological parents. Wieder (1977a) argues that Pete's fear of confronting the facts of his adoption increased into a generalised fear of knowing, which produced a major handicap to learning in school. Not listening or learning represented the avoidance of an imagined repetition of getting "bad news" facts. Wieder goes on to conclude :

"As reminders of their actual history evoked hatred of the biological mother as well as shame and fear, denial or isolation of data limited what they could accept intellectually. When the child's defense against the distress occasioned by the adoption story was applied to other areas of their lives, a more general disturbance also developed. Denial established an estrangement between what could be generally known and the degree of affect considered tolerable or admissible."

(Wieder, 1977a, p.17)

In addition, phobic attitudes toward and avoidance of reminders in the form of thoughts and affects associated with adoption

themes eventuated e.g. Pete's inability to enjoy birthday parties as they reminded him, as his brother's or other children's presence did, that he was adopted and different.

(b) Object relations. As mentioned above (p.113) the adoptee may develop a view of the adoptive mother characterised strongly by ambivalence. She may be viewed, as in the case of Wieder's analysands as an omnipotent saviour who would nevertheless dispose of a bad child. The relationship to the adoptive mother, which belied a conscious attitude of anger and hostility masking the extreme dependence, may form a model for the adoptee's attitude toward other persons. The difficulty in trusting human surrogate figures, Wieder argues, may be reflected in problematic heterosexual relationships.

(c) Cognitive functioning. Wieder argues that cognitive functioning will be affected by the adoptee's general fear of knowing subsequent to revelation. More specifically, cognitive disturbances were seen in a tendency toward illogic, a confusing use of terms, a literalness in language, and the belief in the 'probability' of fantasies (Wieder, 1977a, p.18). The two-to three-year-old child may interpret the story of adoption with its message of abandonment in a concrete fashion. The adoptee may take the news as meaning that he/she was literally "gotten rid of" and left to die until "found" by the saviour adoptive mother. Wieder suggests that the confusion for the adoptee as to what is meant by

the terms "mother", "father", "parents", leads to the development of "illogical ideas that the adopting mother was the abandoning mother or that adoption meant abandonment" (1977a, p.18). The confusion, resulting from knowing that there are two sets of parents but experiencing only one set in actuality and harbouring negative feelings towards the unreachable biological parents, is connected, Wieder claims, to disturbances in styles of thought and reality testing. The latter must be understood in the context of the altered sense of differentiation between fantasy and reality discussed below.

(d) Fantasy life. The fundamental postulate that Wieder advances is that the relationship between fantasy and reality is distorted for the enlightened adoptee. This distortion is evident in the heightened sense of probability of fantasies that the adoptee carries. Wieder (1977a) outlines some unique features of the adoptee's fantasy life occasioned by the knowledge of being adopted. These are:

- (i) the sense of 'real' is accentuated.
- (ii) as products of anxiety, fantasies also become a further stimulant to anxiety, thereby impairing their palliative function.
- (iii) the knowledge of actually having two mothers adds a feeling of 'real' to the ubiquitous fantasy of having a "good mother" and a "bad mother" (the split representation of the maternal image).

- (iv) fantasies about the biological mother are grafted onto the 'bad image' of the nurturing mother.
- (v) the 'bad' anal mother image becomes the representation of the fantasied biological mother; the 'good' mother image is the representation of the idealized adoptive mother.
- (vi) the self-image, still incompletely separated from the maternal image, too has double representation as 'good' or 'bad'.
- (vii) with self and object poorly differentiated, displacement of hatred to the self contributes further to feelings of worthlessness and shame.

2.4.2 The inner world of the adoptee

In this section, the work of Wieder and the Hampstead study group will be presented.

Wieder (1977a, 1977b, 1978) agrees with Schechter (1960) that revelation is traumatizing to the adopted child. He differs from the latter in that he emphasizes aspects of the anal stage of development rather than difficulties in the negotiation of the Oedipal conflict. His contribution will be presented in detail.

Wieder (1977a, 1977b, 1978) focuses on what he terms the prototypical model of adoption namely early extrafamilial

adoption within the first few weeks of months of life by couples who have been unable to procreate. His theory centres on the traumatizing effect of revelation to the two-to three-year-old child. Based on the material gathered from three analysands, he argues that following the first sharing of such information, children previously symptom-free have been observed to regress. This regression is evident in the fresh manifestation of symptoms, such as separation anxiety, exaggerated dependence, clinging, temper tantrums, eating and sleep disturbances (Wieder, 1977a, p.6). The experience of being "told" is tantamount to a narcissistic injury, Wieder (1977a, 1978) argues, in that the child feels rejected on hearing how the original mother/parents gave him/her away. Wieder's use of the term 'narcissistic injury' is similar to Clothier's (1943b) description of the wound left by the loss of the biological mother. In addition, fears of loss of object love and abandonment are further reinforced by the fact that the adoptive mother, by the act of revelation, rejects the child as her own. Revelation consists literally of the enlightenment 'you are not part of me, you are alien'. This information is interpreted literally by the young two-to three-year-old. Wieder (1977a) suggests that the child, in trying to incorporate this knowledge, fantasizes that she/he was gotten rid of in a similar fashion to the evacuation of the bowel. He appears to imply that the piece of news is drawn into the fantasies available to the child passing through the anal psychosexual stage. He argues that the anal connotations of the information are

elaborated further into the formation of an unconscious equation

"self = baby = stool "

(Wieder, 1977a, p.16)

This in turn evokes in the adopted child an image of him/herself as a disposable product (stool) attributed negative value. The existence of such fantasies in the context of the meagre information and the frequent negative representations of the biological parents conveyed by the adoptive parents leads to anal debasement of the self namely 'I am as worthless as disposable faeces'. The term 'debasement' is used here in the sense of devaluation rather than regression.

Wieder (1977a, 1978) argues that the trauma of revelation re-evokes primitive fears of object loss and abandonment in the sense of an anxiety that parental rejection will recur, together with a heightened ambivalence towards the surrogate figures. As he describes :

"While on the one hand clinging to the adoptive mother for their survival, the children also turned away from or rejected her and refused to listen to her explanations. An extremely ambivalent attitude developed. Dependence upon the "saviour" mother was counterbalanced by hatred toward the abandoning mother. As the bearer of bad news, however, the adoptive mother also received the hatred felt for the abandoning unreachable mother. The children's rejection of the adoptive mother served as

an illusory reversal of the actuality
of the history."

(Wieder, 1977a, p.17)

Two important points are made in the above quotation. Firstly, the phenomenon of splitting with respect to the two mothers, and, secondly, an introduction to the way/s in which the realities of adoption are coped with. The diagram below will facilitate the exposition of Wieder's explanation.

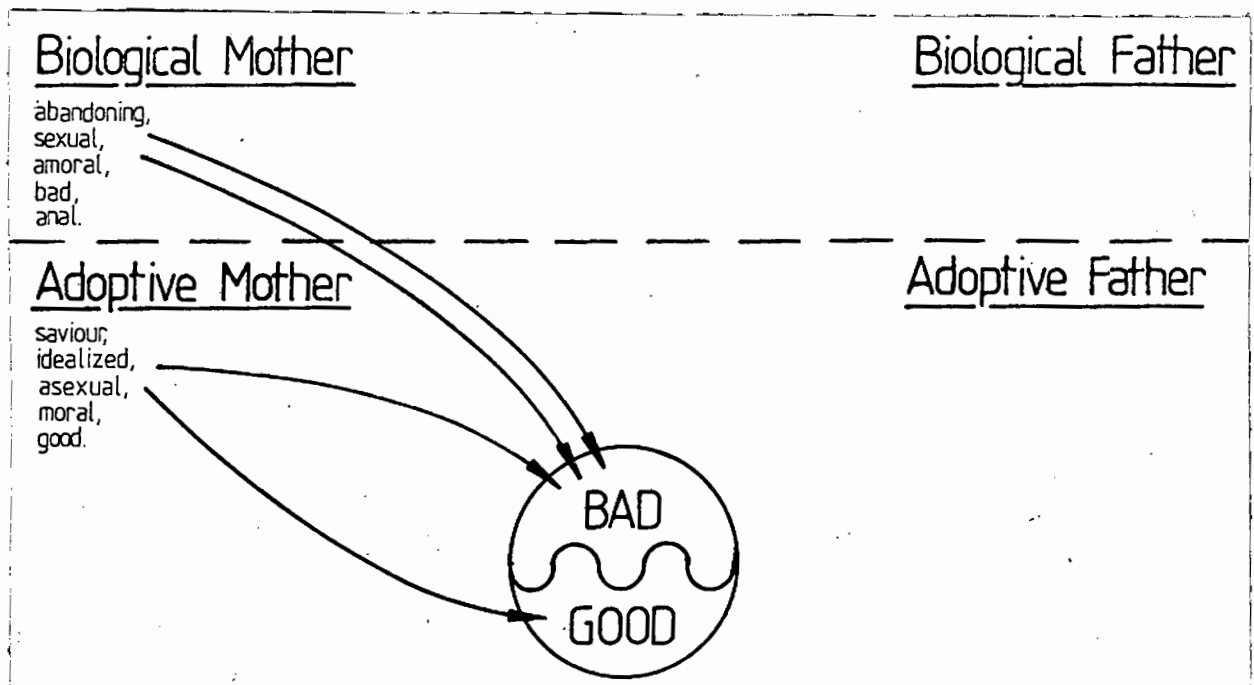


Diagram II. The proposed split parental representation of the adopted child

With revelation, a second set of parents is introduced into the conscious reality of the child. This knowledge produces conflicts of identification. Wieder (1977a) outlines two distinct influences on the ego and the superego: "The first is the normally expectable, necessary incorporation of an identification with the nurturing or adoptive parents.

The second is an artifact, a consequence of the knowledge of being adopted" (p.19).

The second influence leads to a derivation of another set of parental imagoes from the fantasies about the biological parents. These fantasies are not static; they are continually subject to elaboration as the child develops. Initially, the biological mother may be visualised as abandoning, rejecting. With the slanted information provided by the adopters, an impression of an amoral and bad mother may be gained. The biological mother may be seen as sexual in contrast to the adoptive mother who informs the child of her infertility. Thus there is abundant material and opportunity for the maternal image to be split as represented in Diagram I. The reality of having two mothers reinforces the already existing splits. Wieder (1977a, 1977b) argues that all 'bad' feelings such as those evoked by normal sexual or aggressive urges are cathected onto the images of the biological parents. Sadistic aggressive cathexes may imbue these images with the "characteristics of killers, immoral people, freely perpetrating sexual and social crimes" (Wieder, 1977a, p.19). Through identification with these vibrant imagoes, the adoptee comes to feel himself to be hateful and dangerous. Yet such an identification permits the satisfaction of urges, unconnected with the imagoes of the adoptive parents. It is by identifying with the imagoes of fantasised corrupt or hateful people that instinctual parts of the adoptee may find expression. This can be seen clearly in the case of Jim (ibid, p.11), who represented

his biological mother as bad, abandoning, materialistic and unfaithful, whilst his adoptive mother was seen as care-taking and nurturing. The fantasised attributes of his biological mother were reflected in his sexual choices, described by him as "cheap whores who treated people like shit" (ibid). Jim recognised that his sexual behaviour was an enactment of how he imagined his biological father to have behaved toward his biological mother. He experienced difficulty in coming to terms with his sexual impulses which he identified with the amoral, hateful image of the biological father and mother. His identification with 'father' contained the dilemma: "If I am like my father (adoptive) I'll be asexual and sterile; if I am like my father (biological), I'll be promiscuous and use women" (ibid, p.12). Jeannie, another patient of Wieder, displayed two modes of behaviour. The one, characterised by appropriate verbal behaviour and "good" conduct demonstrated her identity with the adoptive mother. This alternated however with aggressive, sexual, naughty behaviour and the desire to hit and destroy which derived from identification with her fantasies of the biological mother.

Berger (1979), too, believes the contribution of having two mothers to the adopted child's identity problems. She cites the case of Anne, who had two sources for her feminine identification, one the biological mother who she knew to have been pregnant with her at the age of seventeen, and two, her puritanical and barren adoptive mother. Anne's sexual enactments, namely, having sexual intercourse without taking

precautions and her brief involvements with several boy-friends, were understood as "unconsciously motivated by identification with her biological mother" (Berger, 1979, p.175) as well as expressing a wish to punish her adoptive mother for expecting her to become pregnant like her first mother. In contrast, Anne's conscientiousness and position of deputy headgirl at school were seen as signs of "rather puritanical standards of conduct developing in identification with the adoptive mother" (ibid, p.175).

2.4.2 (i) The Hampstead study group of the adopted child

A study group at the Hampstead Clinic in London (Berger, 1979; Berger, 1980; Berger and Hodges, 1982) has defined the aim of its research to be the investigation of the inner world of the adopted child. The research method consists of examination of analytic material contained in the weekly therapeutic summaries of adopted children treated at the Clinic. The subjects of the study were diagnosed as mildly neurotic to displaying "distorted personality development" (Berger and Hodges, 1982, p. 76) and displayed symptoms such as sibling rivalry, behaviour problems such as aggression and stealing, and learning difficulties. Troubled parent-child relationships were reported in all six cases.

Research has shown how the adopted child is preoccupied with the reasons for his adoption and the fascination with the identity of the biological parents. Berger (1979) argues that the child's fantasies about adoption and the biological

parents have a very important function:

"What has become clearer to us now is that the child's fantasizing about his adoption represents a way of thinking, attempts at explaining unknown facts in his history. Amongst these the questions of why he has been adopted and who were his biological parents loom large."

(Berger, 1979, p.173)

The child's fantasies about why he/she is adopted . The research sample of children, although small, has revealed a number of ways in which the puzzle of 'why' adoption occurred may be dealt with. It has been found that whatever answer the child tries to find to this question, he is bound to attribute part of the cause to himself. Berger and Hodges (1982) refer to the cases of two girls who felt that their bodies were bad - in Sophie's case, she described a general feeling of something being wrong with her body; Anne reported at her referral that there was something profoundly amiss with her inside. These perceptions may well be associated with fantasies of having been given away because they were the wrong kind of babies, possibly ugly ones (Berger, 1979). Other reasons for being adopted were attributed to: - the sex of the child, e.g. Elsie believed the fact that she was a girl, amongst other factors, had brought about her adoption; - messiness, e.g. Elsie's wetting; - aggression, and masturbation in the cases of Sophie and Peter. Thus, it appears that what the study group is proposing is that the adopted child believes it is his/her fault that adoption

took place. This is very similar to young children's animistic interpretations of deaths in the family and of divorce.

It is argued that such fantasising about the causes of adoption may contribute to the development of a self representation which "is likely to contain a much greater amount of negative cathexis than that of a child brought up in an average biological family" (Berger, 1979, p.174-175).

The problem of being renamed. All the children in the Hampstead sample had had their original first names changed. During analysis the adoptees spoke about their former names. Anna Freud has commented on the possible sequelae of such a change:

"Following adoption, the inevitable change of name, which seems merely incidental to adults, may have repercussions on the child's sense of identity, which is insecure at best."

(Freud, 1972, p.624)

Berger (1979) sees this problem as being part of a more general set of difficulties for the adopted child, that of his sense of identity, of his self-representation, and his/her self-esteem. Problems in the sense of identity of the adopted child are seen to be closely linked with the fact of not knowing the biological parents. This is illustrated by a fairy story told early in treatment by one of the subjects about "a girl who didn't know who she was because she didn't know who her parents were" (Berger, 1980, p.249). This lack of knowledge is

compensated for by the creation of fantasy figures to provide emotional links with their first mothers. These links, largely unconscious until the commencement of analysis, Berger (1980) argues, are creations expressing the children's wishes and fantasies about their biological mothers, and at the same time, embodying aspects of the children's own self-representations.

Some of the descriptions of these fantasies and imaginary figures will help to clarify Berger's thesis. Revelation by her adoptive mother was construed by Anne as a rejection (validating Wieder's line of argument, see p.118) which made her angry and led to the creation of "a sort of twin fantasy that her 'other mother' was much younger and would have understood her better" (Berger, 1979, p.173). Anne and her 'other mother' were imagined to confide in one another and to have shared an interest in fashionable clothes. The emphasis on the similarities between the analysand and the fantasised biological mother established a link with the unknown first mother. Jacqueline believed that she had a biological twin who lived with her first mother. Her imagined twin sister, called Mag, seemed to embody her fantasies about her little known biological mother in that she resembled aspects of Jacqueline and "was protective of her as she wished a mother would be" (Berger, 1980, p.251). The existence of Mag created the much needed link with her unknown mother, who she thought had rejected her.

Berger and Hodges' (1982) suggestion that the adopted child with a 'phantom mother' may well have a secret relationship

with her in fantasy seems to be an extension of Clothier's (1943) proposal that the unknown parental figure may serve as a model of identification and Rogers' (1969) emphasis on the significance of the hidden parent for the adopted adolescent.

2.4.2 (ii) The family romance fantasy

Much attention has been paid to the form of the family romance fantasy in adopted children. Laplanche and Pontalis (1973) provide the following definition of the concept Freud formulated in 1909 :

"a term coined by Freud as a name for phantasies whereby the subject imagines that his relationship to his parents has been modified (as when he imagines, for example, that he is really a foundling). Such phantasies are grounded in the Oedipus Complex ."

(Laplanche and Pontalis, 1973, p.160)

Freud (1909) described the family romance fantasy as part of the way in which the child masters the negotiation of the move away from the sway of the parental authority. He divided the family romance fantasy into two phases: the first, the asexual phase, and the second, the sexual phase. Writers using the concept of the family romance when referring to adoption appear to refer only to the first phase. The child evolves the family romance fantasy at a time when he/she does not know the sexual determinants of his birth. On the many occasions when the child is slighted, "or at least

feels he has been slighted, on which he feels he is not receiving the whole of his parents' love, and most of all, on which he feels regrets at having to share it with brothers and sisters" (Freud, 1909, p.222), a fantasy of being a step-child or adopted child of parents of high social standing is very likely to occur. This recourse to fantasy compensates for the feelings of frustration with the real parents. Thus the usual form of the first phase of the family romance fantasy would constitute a disavowal of both parents (Widzer, 1977) and the content would follow the broad outline:

- (a) the parents with whom one lives are not one's real parents.
- (b) one's real parents belong to the nobility or are fabulously rich or famous.
- (c) because of some mystery surrounding one's birth or some prophecy concerning the future one had to be separated from one's parents and brought up by the quite common people whom one knows as mother and father.

Freud emphasised how actual experience may be drawn into the content of the fantasy

"He [the child] will make use ... of any opportune coincidences from his actual experience, such as his becoming acquainted with the Lord of the Manor or some landed proprietor if he lives in the country or with some member of the aristocracy if he

affect the family romance of the adoptee. The fantasies of the adoptees in his sample revealed images of debased and feared people for whom the analysands had an unrelieved hatred. For example, Peter believed that he had been "cast out as an infant by poor, slum class, stupid people" (Wieder, 1977b, p.190) and left alone to die, unable to care for his needs until "found" by the adoptive mother. The content of this fantasy is markedly different from the usual stories of being a 'princess' or 'prince'. Brinich (1980) suggests that family romance may be a "misnomer" (p.127) for the adopted child whose fantasy material incorporates the abandonment by the biological parents. In treatment a 'normal' form of the family romance may emerge, as in the case of Sophie who once she had begun to feel accepted and wanted, could begin to speculate that her biological parents might have been richer and more generous than her adoptive parents. Feder (1974) stresses the importance of the sense of being wanted for the adoptee.

Wieder points to the paradoxical nature of the situation:

"The fantasy solution of the biological child's conflicts - adoption - is the fait accompli underlying the adoptee's distress. The adoptee's wish, in contrast to the blood kin child's, is to deny adoption, establish a fantasised blood tie to the adoptive parents and thereby erase the humiliation adoption implies."

(Wieder, 1977b, p.199)

It must be remembered that the family romance is one of the fantasies which has attracted much attention. Often the

lives in the town. Chance occurrences of this kind arouse the child's envy, which finds expression in a phantasy in which both his parents are replaced by others of better birth."

(Freud, 1909, p.223)

Rank (1914) has pointed out that the two parental couples of the fantasy correspond to the real and fantasised parents of the child. Freud (1909) suggests that the exalted parental couple are representations of the earlier perceptions by the child of his parents as ideal - "these works of fiction ... preserve, under a slight disguise, the child's original affection for his parents ... We find that these new and aristocratic parents are equipped with attributes that are derived entirely from ... the humble ones" (p.22).

For the adopted child it is not a fantasy that these parents with whom he lives are not his own parents - it is a reality. As Clothier (1943b) suggests, "for him there is a real mystery as to his antecedent possibilities" (p.229). Glatzer (1955) has suggested that the family romance is prolonged in adopted children, whereas Kohlsaas and Johnson (1954) see the fantasy as being prolonged "only in those adoptive situations where the parents put the children under a great deal of pressure" (quoted in Sorosky, Baran and Pannor, 1978, p.315). Schwartz (1970), however, has not found any indication of the prolongation of the family romance fantasy in fifteen adopted subjects. Wieder (1977b) agrees with Clothier (1943b) that the knowledge of having two sets of parents does

child perceives and reports fantasies similar to those of the parents i.e. fantasies about being stolen, kidnapped, bought or sold (Goldstein, Freud and Solnit, 1980a).

2.4.3 Feder's view of the adoption trauma

Feder (1974) on the basis of data collected from 200 cases of adopted children, gathered over a decade, argues that the case history of an adoptee is identical with the myth of Oedipus Rex. He traces "the adoption trauma" (1974, p.491) chronologically, perceiving it as a clinical sequence constituted by nine steps:

- "(i) Ambivalent, conflictual preconceptive coupling leading to
- (ii) unwanted pregnancy, which causes
- (iii) somatization, abortions (fantasised as well as attempted, but frustrated) causing in turn
- (iv) traumatic birth, resulting from the attitudes of a rejecting, filicidal, foeticidal mother. The traumatic impact of this on the child and of the mother's attitudes and subsequent abandonment of the child, leads to
- (v) an adoption agent (or agency) 'romance' which is seldom professional, particularly because of unavailable diagnostic criteria. This often reinforces scotomata toward adoptive motivations, leading to
- (vi) adoptive parents whose profound motivations are unknown. These motivations fluctuate 'pregnancy induction', 'sterility reparation', 'guilty-submissive' in content. The adoptive parents are often psychotics or perverts engaged in

triangular mutual sado-masochistic exploitation,
masked by

- (vii) pre-adoptive idealisation, on the part of the adoptive parents, followed by
- (viii) a post-idyllic period, marked by conflict, and possibly the subsequent returning, substitution or rejection in the child (with infanticidal wishes). This may bring about in the child
- (ix) an 'adopted child' pathology which can flower into narcissistic character disorder, psychotic episodes, delinquency, homosexuality, fantasised or attempted suicide, incest, homicide, fratricide, murder of one or both adoptive parents, and to patricide or matricide

(Feder, 1974, p.491)

It is not clear whether Feder means adoption in the sense in which it has been defined for the purposes of this thesis.

In fact the trauma described above could refer to foster children - there is a common confusion between fostering and adoption in the literature. Even if Feder is referring to adopted children, his argument would certainly apply to a restricted portion of the population. His assumptions seem rather unrefined - there are certainly many other reasons other than not wanting a baby for putting a child up for adoption. The labels such as "narcissistic personality disorder" (Feder, 1974, p.491) reveal very little, other than creating the impression that Feder is basing his research on a psychologically disturbed sample of adopters and adoptees. The one significant contribution that Feder (1974) does make is his stress on the child's desire to know how wanted

he/she was (p.492). This bears some resemblance to Brinich's (1980) argument that the adoptee needs to develop a self-image containing the notion of being wanted.

2.4.4 Adolescence

Adolescence is reported to be an especially difficult period for adoptees and their adoptive parents (Sorosky, 1977).

Easson (1973) has argued that the adopted adolescent experiences problems in three areas of emotional growth which can affect the development of a stable adult sexual identity:

- (1) The process of emancipation of the adopted adolescent from the adoptive parents;
- (2) the resolution of incestuous strivings in the adoption relationship, and
- (3) the final identification with the parent of the same sex and the establishment of a stable growth-productive relationship with the parent of the opposite sex.

A number of factors complicate (1). The greater age difference - adopters are usually seven to eight years older than biological parents - between adoptive parents and their children may hinder communication and this widening of the generation gap may handicap parents' ability to empathise with the typical identity conflicts experienced by adolescents. When the adolescent adoptee develops a special interest in the nature of his/her conception, the reasons for adoption

and her/his genealogical history, the adoptive parents' anxiety may be evoked in that such curiosity is construed as an indication that they have failed in the role of parents or as sign of the adoptee's lack of love for them. A common fear of the adoptive parents is that the adoptee will prefer the biological parents and thereby reject them. Deutsch (1945) describes how the adopted child's insecurity may be fed by the mother's insecurity, and how a vicious circle develops, in which the mother's anxious question "Does he love me as my own child would?" is answered by a similar question on the part of the child: "Who are my real parents? Am I loved like a blood child?" (p.399). Thus the normal conflicts of liberation, with the concomitant hostility towards the parents are interpreted as signs that he does not 'belong' to the family and fears that 'bad blood' will influence the adolescent's behaviour intensely. As Deutsch has pointed out, and has been noted previously, the suggestive force of the parents' suspicion may drive the adoptee into a kind of compulsive acting out through an identification with the biological parents. Emancipation of the adoptee is difficult for the parents to accept as they tend to view any disengagement from themselves and attachment to others (i.e. ranging from peers to original parents) as an abandonment and a return to the childless preadoption period (Sorosky, Baran and Pannor, 1978). This aspect of the crisis of adolescence may be coped with by attempts to de-emphasize the adoptee's maturation" (Schechter, 1970, p.365) through infantilization. The adolescent may then

be "pushed into a heightened state of rebellion against the parents in order to maintain a sense of integrity" (Sorosky, Baran and Pannor, 1978, p.106).

2.4.4. (i) The question of incest

A number of writers (Brinich, 1980; Glenn, 1974; Wieder, 1977b) have pointed out that there is a greater latitude for incestuous fantasy for the adoptee because there is a lack of the blood-tie taboo. Wieder's analysands were found to be troubled by the possibility of an incestuous encounter. Jim feared intimacy with his adoptive mother and adopted sister for this reason, whilst Pete associated the fantasy "Any girl could be my biological mother or sister" (1977b, p.192) with his fears of social relationships with girls. Wieder argues the realistic absence of a biological blood tie, as compared to the illusory one, does not diminish anxiety or guilt. Glenn expresses a similar view

"Knowing that his adoptive parents are not his natural parents may create special sexual problems because the child - and even the parents - may feel that incest is permissible. Temptation may thus be greater, but despite relaxation of restraint, the superego will probably remain intolerant of real or fantasised breaches of the incest taboo, and the child still feels that he must be punished for his/her wishes."

(Glenn, 1974, p.417)

The youngster's emerging sexual development may become an

intense threat to the adoptive parents. Schechter (1970) sees the adoptive mother's response to the sexual maturation of her daughter as characterised by a revival of an envy of women capable of bearing children. Conflict may arise as a result of sexual rivalry between mother and daughter for the father's attention. The adolescent daughter may be seen as a direct competitor for the adoptive father's affections.

2.4.4 (ii) Problems with identity formation

Erikson (1950) has described the essential task of adolescence as the development of a sense of identity. Failure to achieve such a task produces a state of identity confusion. Adoptees have been considered susceptible to the development of this state (American Academy of Paediatrics, 1971; Mech, 1973). Kornitzer (1971) has stated that the adolescent's identity formation is impaired because he has the knowledge that an essential part of himself/herself, as it were, has been cut off and remains on the other side of the adoption barrier. Frisk (1964) argues that the lack of family background knowledge in adoptees prevents the development of a healthy "genetic ego" which is then replaced by a "hereditary ghost". Sants (1964) has referred to the adoptee's state of uncertainty and preoccupied searching for knowledge about the past as "genealogical bewilderment" which can, he argues, lead to the development of poor self-esteem and a confused sense of identity.

The solution seen by the majority of such authors, together with Sorosky, Baran and Pannor, (1978) and Colon (1978) is in the provision of access to the facts of the biological background and in the making possible of reunions with the biological parents. In these ways the identity "lacunae" (Sorosky, Baran and Pannor, 1978) can be filled.

2.4.5 Adulthood

Although many surveys based on interviews with adult adoptees have been carried out, little study has been directed to the psychological concerns of the adult adoptee. Sorosky, Baran and Pannor (1978) have isolated a series of vulnerable points in the life cycle of the adult adoptee when curiosity and interest in acquiring further information about genealogical background may be intensified.

As discussed in the section on adolescence, the young adoptee's concern with identity and establishing links with the past may involve such great need to acquire information about his background that he may embark on a search for his/her biological parents.

Dating and impending marriage may serve as a reminder of the birth parents' possible unwed state and re-evoke fears of incestual union (Sorosky, Baran and Pannor, 1978).

The wish to know the facts about the biological background and the identity of relatives may become more intense at this stage.

Pregnancy is seen to confront the adopted woman with fears of unknown hereditary illnesses and of the complications of delivery and birth. The positive experience of encountering a 'blood relative' promotes a desire to know more about the family of origin. Extracts from the letters of two adopted mothers illustrate these points:

"I felt very cheated that I had never known my natural mother. I guess after my daughter was born I started to identify with my mother and felt a strong desire to know her and reassure her that I was all right."

"After my first child was born I remember holding my tiny new daughter and feeling overwhelmed by the fact that this was the only person in the whole world that I could touch and see and hold who was biologically related to me. I also began to more closely identify with the anguish and pain that must be present in giving up a child for adoption."

(Sorosky, Baran and Pannor, 1978, p.126).

The complexity of the adopted woman's identification with the biological and adoptive mother during pregnancy becomes apparent in Raphael-Leff's (1980) description of the pregnancy experience of a woman adopted at 3 weeks with no knowledge of her origins:

"Her third pregnancy was unwanted but she did not have an abortion since she felt she owed her life to the fact that her natural

mother had not had one. Of this pregnancy she says: "I feel the baby moving in somebody else's womb ..." "It's as if I'm watching this baby grow in a bottle" ... somebody else is pregnant with this baby ... A baby is like putting a parcel in the post with no address, to see if it will arrive at the correct destination ..."

(Raphael-Leff, 1980, p.187)

The woman's two sources of identification with the biological mother and adoptive mother have been pointed to - "She re-enacts her biological mother's rejecting pregnancy with herself, as well as her adoptive mother's detached waiting for the baby that will be delivered." (ibid, p.187)

To return to Sorosky, Pannor and Baran's work, practical issues such as the taking out of insurance, the filling in of administrative forms, and illness may all require knowledge of biological background the lack of which may intensify the need to acquire it. The crisis of middle-age may bring with it concern about the birth parents, who would by that stage be elderly and perhaps in need of support. Approaching old age may bring about a final yearning in the adoptee for knowledge denied previously (Rautman, 1959).

SUMMARY

Literature pertaining to the experiences of the adoptee over the life span has been reviewed in this section. The theories postulated by Reeves (1971) and Wieder (1977a, 1977b, 1978) concerning the major influences on the ego development of the adopted child have been discussed in detail. Investigations of the inner world of the adoptee have been presented with particular attention to the recent findings of the Hampstead study group. The family romance fantasy and its modified form of expression for the adoptee have been highlighted by many authors. Wieder's (1977b) research seems to represent a more in-depth exploration of the features of the family romance of adoptees in comparison to the less recent contributions of a descriptive and largely conjectural nature. A critical discussion of the family romance fantasy in the context of adoption will be presented in the final chapter. Feder's (1974) concept of the "adoption trauma" has been considered together with a highlighting of the major concerns of the adoptee during adolescence, particularly the questions of identity formation and incest. Finally, a survey of the research on the adulthood of the adoptee was presented.

2.5 CONCLUSIONS

In this chapter, a review of the literature relating to early extrafamilial adoption has been presented in three separate sections: the adopters (2.2), revelation (2.3) and the adoptee (2.4).

Two main conclusions may be drawn from the first section:

- (a) the importance of the negotiation of the crisis of infertility in order to enable the couple to confront the responsibilities of adoptive parenthood, rather than seeking adoption as a solution to their dilemma; and (b) the urgent need for research into the implications of the absence of pregnancy for the adoptive parents, together with the impact on the mother and the early mother-child relationship of the sudden arrival of an unknown infant.

In the second section, dealing with revelation, it was shown how prevailing policies and practices of telling are being challenged by recent psychodynamically oriented research.

In the literature reviewed in the final section, the question of identity for the adoptee has been isolated as an important factor, and has been explored from different perspectives. Psychodynamically oriented authors have begun to investigate certain features which specifically characterise the psychological development of the adopted person, whilst others have construed the conscious search for genealogical information and blood relatives as fundamental to the understanding of the adoptee's life experience. Perhaps, in this part of

the chapter, more clearly than in the previous two sections, the different approaches and levels of explanation encountered in the literature are apparent.

Throughout this chapter, an overall conceptual shift in the literature, away from naive generalisation to a more detailed exploration of factors of particular relevance to the complex experiences associated with adoption, has been identified. In an attempt to investigate the psychological processes characteristic of the adoption experience with similar detail, a single case study will be presented in Chapter III.

CHAPTER III

DISCUSSION OF ASPECTS OF ADOPTION AS REVEALED IN A CLINICAL CASE-STUDY OF AN ADOPTED GIRL

3.1 Aim

In Chapters I and II, attention has been drawn to the lack of psychodynamic case studies of pathogenicity surrounding the meaning and experiences of being an adoptee. As part of an attempt to extend knowledge in the field, a study of the material that emerged in the nine-month long individual treatment of a seven-year-old adopted girl called Heidi X, will be presented in this chapter. The major focus of the discussion will be on the concerns of the adoptee. Issues raised in the literature review of the previous chapter will be considered in relation to the salient features and recurrent themes of this particular case. Although the parents themselves did not undergo any intensive psychotherapy, some of the issues pertinent to adoptive parenthood will be considered in the light of Mr and Mrs X's experiences described in interviews with the therapist. A psychodynamic framework will be used in the discussion of the themes surrounding the development of identity for this particular little girl. It must be stressed that many aspects of the case, which seemed to have little relevance to the experiences of being adopted and to the difficulties which had become intertwined with adoption

themes, will not be discussed. The chapter will be divided into the following sections:

- 3.2 The facts of the case
- 3.3 The adoptive parents' point of view
- 3.4 Revelation
- 3.5 Consideration of the material from the perspective of the adopted child.

3.2 The Facts of the Case

In this section of the chapter, the presenting problems, the family and developmental history, the circumstances surrounding Heidi's adoption and the manner of revelation will be described.

3.2.1 Presenting Problems

Heidi's parents sought consultation when she was in her eighth year. The little girl presented with the following problems:

- (a) She refused to accompany her mother on excursions to crowded shopping centres and department stores. When in a large supermarket she would dart up and down and show much anxiety which would eventually lead to a sense of panic. Heidi's face would whiten and take on a pinched look, and her body would stiffen. She would become very excited and restless and begin to scream, often complaining, "my ears hurt". On removal from the situation, these symptoms of anxiety would abate within a few minutes and Heidi would become calm again.

(b) During the year prior to consultation, Heidi complained of similar symptoms at birthday parties where seven to twelve children were gathered in a small room. She had begun to avoid these social occasions.

(c) School assemblies, and (d) sports day events were disliked for similar reasons, although a milder form of anxiety was associated with them. Heidi, however, did not avoid such gatherings.

(e) The parents described Heidi as a "very tense" child who lacked sufficient self-confidence. They reported that she was easily offended by teasing and was uncertain of how to respond to challenges. Mr and Mrs X. were particularly concerned that these symptoms of anxiety might impede her academic progress.

3.2.2 History of the Presenting Problems

Mr and Mrs X, had first noticed Heidi's discomfort in large department stores when she was about two-and-a-half years old. Puzzled about her tendency in such places to dart around and complain, "my ears hurt", the parents recalled Heidi's sensitivity as a baby to noise at night (for example, the flushing of the toilet), and hypothesized that the buzz of the fluorescent lighting in such stores caused her panic-stricken behaviour.

3.2.3 Family History

Heidi's family consisted of her mother and father and an adopted brother, Thomas, four years her junior.

During the assessment phase, the therapist met with the family as a group, and gained some insight into the personalities and inter-relationships of the family members. The depth of the parents' concern for Heidi became quite apparent to the therapist during intermittent consultations. Throughout the period of treatment, the parents were most co-operative and willing to assist in any way.

Mrs X. gave the impression of being an intelligent woman who had enjoyed her career, but had decided, "without regret", to give it up when Heidi was adopted. She described her home as her "centre", and shared a common interest with her husband in participation in church activities. She appeared to be rather friendly and amenable, and expressed much doubt as to her own adequacy as a mother. Throughout the course of treatment Mrs X. remained worried about whether she was in any way responsible for Heidi's troubles. She would frequently end her descriptions with a rather nervous, "Hope I did the right thing", or would ask, "that wasn't the wrong thing, was it?"

Mr X. seemed to be an energetic person, who "enjoyed life" both at work and at home. His sense of humour and light-heartedness first became apparent during the diagnostic family interview and was confirmed by his wife's perception of him as "full of fun". His outside interests lay in gymnastics, and he frequently instigated family outings, such as sailing and picnics.

Thomas was adopted when Heidi was four years old. Mr and Mrs X. had applied to the agency for a male child and after a year's

delay, Heidi had accompanied them on an aeroplane journey to a different part of the country to fetch her new baby brother. All three of them were very excited and Heidi described the first sight of her baby brother - "he was given to us in a glass fruit bowl". The parents reported that the arrangements for this second adoption were efficient, and they saw Thomas as possessing an easy-going disposition.

Observations made on the basis of the diagnostic family interview supported the parents' reports of the absence of any undue marital tensions. The spouse relationship was characterised by clear affective communication and it was quite apparent that negotiation and open discussion were everyday occurrences typical of this family. Mr and Mrs X. had met through their mutual involvement in church activities. After an engagement lasting one year, they had married. The nuclear family relationships were described as harmonious. Heidi and Thomas spent much time playing together and were, according to Heidi and her parents, "good friends", despite a fair, but not excessive, share of fights. Heidi was reported as being close to her mother, in whom she confided. She related well to her father who, for some months prior to referral, had been encouraging her to become more self-reliant and assertive. Thomas was viewed by both his parents as the "little man" of the family. Mrs X. felt that she had established a closer bond with Thomas earlier than with Heidi, with whom she had experienced many difficulties, which will be discussed in the developmental history.

The family visited the maternal grandparents on a weekly basis. It was reported that Heidi was particularly fond of her maternal grandmother. Mrs X. perceived her daughter and her mother as enjoying a "mutual idolization". She herself had an intimate relationship with her mother, who had given her much support at the time of Heidi's adoption and during the numerous medical investigations she had undergone.

Mrs X. acted as the main disciplinarian in the family. Her method focused on explanation, and failing that, "shouting and smacking". She reported many clashes between herself and Heidi, particularly with respect to time of sleeping and eating. In contrast, Mr X. followed a stricter line of approach and according to Mrs X, is "more successful".

No financial difficulties were reported. The family lived in a house with a large garden and swimming pool. Heidi and Thomas each had a room of their own. Since Heidi's adoption there have been a number of geographical moves, both from house to house in the same area during the two years prior to the commencement of treatment, and from one part of the country to another.

No family history of medical or psychiatric illness was reported.

3.2.4 The Adoption of Heidi

After several years of marriage and many futile attempts at procreation, Mr and Mrs X. applied for adoption. The screening interview by the agency worker was conducted in a pleasant

manner and the couple found her most helpful. However, Mrs X. expressed resentment of the home visit which formed part of the standard assessment procedure. She experienced it as intrusive and as "a kind of checking up on us".

Although Mrs X. recognized the importance of determining their financial state of affairs and evaluating the general home atmosphere, she was angry that the agency did not "just take our word".

Nine months passed before a child became available. No contact was made with the biological parents. The couple was informed that the biological mother was very young and unmarried. Delivery had been normal and the little girl's birthweight was average. The couple were told to fetch their little girl themselves.

Mrs X. described the place to which they went as "some kind of home ... possibly for unmarried mothers". The X's were told to go upstairs where there was no formal reception area. They found someone who looked like "a nursing sister", who told them to "just go along there" and gave them verbal directions to the cot where their child was lying. The lack of any formal reception and of any person to help them on the occasion of this long-awaited rendezvous led Mr and Mrs X. to feel that "things were very haphazard". Mrs X. likened the experience of finding and meeting their adoptee to "a kind of help yourself" arrangement.

The place looked like a dormitory with rows of cots. The couple, following the woman's instructions, went along to the

appointed cot and found Heidi, the stare of whose eyes immediately drew the affections of her adoptive mother. However, there were some peculiarities in the appearance of the ten-day old Heidi. All her clothes had been put on back to front. Her underarms and groin were inflamed - they were "red and looked chafed". Dirt had collected in the corners of her eyes and she looked, in Mrs X's words, "as if no-one cared for her". Feeling very angry, the couple took Heidi home, where Mrs X. immediately bathed her, dressed her vulnerable parts and covered her with lotion "all over".

3.2.5 Developmental History

Mrs X. resigned from her job to look after Heidi, who presented her with many difficulties, particularly in her first year of life. The experience of feeding her child by bottle, evoked anxiety in the adoptive mother who felt that Heidi was not eating enough. This led her to fear that her baby "would starve to death". In addition, Heidi slept poorly, tending to be easily disturbed and wake often. Her mother related the manifestation of a rash to Heidi's feeding difficulties. However, this explanation was refuted when consultation revealed that overdressing and its accompanying restrictions had caused a heat rash.

Residues of these early problems were detectable over the years. At the time of referral, Mrs X. continued to struggle to persuade Heidi to eat breakfast. Eating at other mealtimes, however, presented no difficulties once Heidi had been disengaged from her play activities. Her mother reported that

she was unable to fall asleep without talking to herself and drawing for about half an hour. At the time of referral, Mrs X. understood this habit as Heidi's way of "unwinding" after the events of the day.

Heidi began to speak at about ten months, by fifteen months she was talking in little sentences and by the age of two years she could express herself very well. As a young child she spoke "a lot" and her parents considered her to be "a little chatterbox". At the time of referral, her class teacher reported that, although Heidi disliked having to stand up on her own and speak about her news, she chatted so freely with the children around her that she created a fair amount of distraction.

Toilet-training began at about sixteen months and was achieved at about eighteen months, after some protests from Heidi about sitting on the seat, and with the aid of some instruction from her aunt, during a brief visit.

With respect to motor behaviour, Heidi was reported to be agile, able to ride a bicycle with ease and a keen swimmer. Her health was alleged to be generally good, with the exception of (a) three breath-holding spells in the first year of life; (b) anaemia in her first year of formal schooling, and (c) complaints of stomach-aches over a few weeks in the middle of her first school year.

From the age of four, Heidi attended a large playschool for a period of two years. Mr and Mrs X. disliked the size of the school and the personalities of certain classmates whom

they described as "hooligans". Shortly before their move to another part of the country, a rather unpleasant incident had occurred. At school, a little boy had chased Heidi with a frog and, in her attempt to run away, she had stumbled into a pole and knocked out one of her teeth. Heidi was "shocked" and had been "shivery" for the remainder of that day.

Formal schooling began in the new place to which they had moved. Heidi adjusted well; she liked her class teacher very much and her academic progress was reported to be good. A further geographical move meant a change to another school for her second year of formal education. Heidi seemed to react negatively to the upheaval. Shortly after the move, for a period of a few weeks, she took to sucking her brother's bottle and swam daily. These two actions seemed to help to "calm her nerves" (Mother's words).

Heidi was reported to be popular with her classmates and was able to relate to playmates a year or two older than herself. Her parents saw her as an imaginative child, who enjoyed drawing and modelling clay. Heidi did not always complete work she had begun, as her attention seemed to wander. Both parents described her as a tense child who expressed fear and anger through screaming "hysterically". On such occasions, her body would become taut. Apart from the anxiety situations described in the presenting problems, Heidi seemed afraid of scorpions, snakes and witches.

Mrs X. did not know whether Heidi masturbated, but reported that she had explained the facts of life to Heidi "in a rather

vague way" at the time of Thomas' adoption. She had found difficulty in talking about this sensitive area to the four year old Heidi and had decided to leave this part of her daughter's education in the hands of the school. As Mrs X. had omitted any mention of sexual intercourse and the mechanics of human reproduction, Heidi, as far as the parents knew, was aware of the importance of seeds and eggs, together with the limited information provided by the adoption story described below.

3.2.6 Revelation

Adhering to the policy of early revelation advocated by the agency, Mrs X. informed Heidi, shortly after she turned two years old, that she was adopted. Mrs X. reported that she had felt quite apprehensive about telling Heidi. Prior to the time of revelation, the couple had again begun to investigate the possibility of having a child of their own. During this time it was decided that Mrs X. should undergo an operation.

Mrs. X. knew that she needed to prepare her daughter for her ten-day absence, during which time the maternal grandmother would be looking after her. She decided to introduce the subject during bath-time one evening. In a "casual" manner, she chatted about going to hospital. Heidi asked why she had to have an operation on her tummy. On the spur of the moment, Mrs X. decided to reveal to Heidi the fact that she was adopted. Replying that "something is not quite right with my tummy and the doctors think they can make it right", she went on to explain that Heidi had not come out of her tummy and the story told

was "something along the lines of" :

"You came out of your own mummy's tummy.
Your mother loved you really very much.
But she couldn't keep you ... she was very
young and not married. You need two people
to look after a little one, to provide for
her when she grows up. Think of how much
love your mummy had, how much she must have
loved you to give you to two people."

It was shortly after this revelation and after the mother had returned home from the hospital that Heidi's symptom of anxiety first appeared.

3.2.7 Special Investigations

Prior to referral, Mr and Mrs X. had arranged for the testing of Heidi's hearing. Audiometry had revealed that there were no problems.

During the assessment phase, the therapist referred Heidi to a paediatric neurologist for an investigation of her symptoms of anxiety, particularly those displayed in the supermarket. A report based on standard clinical examination and the results of two separate electroencephalograms revealed that no organic abnormality had been detected and that Heidi's problems were of an emotional nature.

3.3 The Adoptive Parents' Point of View

Although this case study focuses mainly on the psychological concerns of an adoptee, it is relevant, and indeed fruitful,

to look at how Mr and Mrs X's experiences relate to the theoretical contributions which have been reviewed in Section 2.2. As both parents did not enter into any form of psychodynamic treatment themselves, much material which may well have been available was not tapped. In the light of this, one can expect to find only a few features referred to in the psychoanalytic literature. The discussion below falls under headings relating to critical events faced by the adoptive parents, and to crucial themes isolated in the review presented in the previous chapter.

Conception The couple described the difficulties they had experienced associated with problems in conception. Their descriptions supported Schechter's (1970) observations of sex becoming a mechanical act for the nonfecund couple. The X's reported an escalation of their anxieties centring on the pervasive concern of "whether it had worked this time". The recurrent pattern of expectation followed by disappointment had created much tension for the couple. They had found that their ability to communicate openly about their frustrations served as a strong supportive measure to tide them over these very stressful times.

Infertility As discussed in Section 2.2, the crisis of infertility which the group of adoptive parents considered in this thesis experience, has been seen as a narcissistic injury (Bernard, 1953; Kraft et al, 1980). Moss and Moss (1975) are of the opinion that such a trauma should be followed by a period of mourning in which these losses can be confronted

and worked through. The X's seem to have experienced some of the pain associated with the injury of infertility. They reported that after the unlikelihood of successful conception had been established, they had "to take a new look at themselves". It seems that the longing for a biological child of their own re-emerged, and prompted further investigations of the possibility of procreation when Heidi was in her third year. It might be speculated that the couple wished, albeit on an unconscious level, for the fulfilment of the belief in their adopted child as a fertility charm (Humphrey, 1969). What emerged quite clearly was that Mr and Mrs X. both considered their inability to conceive a loss, as evidenced by their statement that they had "missed an important life experience" through not being able to have children of their own.

Application for adoption The X's provided much insight into the experiences accompanying the process of applying for adoption. They spoke of the anger they felt about having to provide proof that they were fit to assume the responsibilities of parenthood. They resented people who became parents unwillingly, and envied friends and acquaintances to whom conception presented little difficulty. Furthermore, their anger was directed towards the adoption agency, which followed the policy of close investigation of the home and financial circumstances. In many ways the agency came to symbolize "a new authoritarian parent" (Andrews, 1970, p.73). The X's descriptions of their experiences there contained what Rothenberg, Goldey and Sands (1971) have referred to as a sense of impotence, in comparison to the omnipotence of the agency, which holds the power of the emotionally invested decision.

The arrival of the adopted child The lack of the gradual preparation accompanying the processes of pregnancy is particularly evident in this case in the suddenness of the arrival of their unknown baby. Furthermore, the actual physical condition of the child could well have stimulated the rescue fantasies discussed in Section 2.2. In many ways, Mrs X. did indeed rescue a baby. By removing Heidi from conditions where arrangements seemed haphazard, and proper care lacking, she saved the child from further neglect and possible deprivation. No evidence was available of any fantasies of stealing another woman's child. Perhaps this was attributable, in part, to the nature of the adoptive mother's first meeting with the child. Finding Heidi in a poorly cared for condition in a "home" which seemed very disorganized to the parents, had triggered off much anger on Mrs X's part. Some of this anger may well have been directed, consciously or unconsciously, at the biological mother who had abandoned her little girl and allowed her (albeit unconsciously) to be left in an institution where adequate attention was lacking. Mrs X. did not provide much information about her feelings about the biological mother. It does seem, however, that the manner of Heidi's arrival did bring Mrs X's negative attitude toward the child's natural mother into the foreground. As Deutsch (1945) has pointed out, the adoptive mother faces an additional task: confrontation with the existence of the adoptee's biological mother. The situation which had arisen had fortuitously provided Mrs X. with some conscious awareness of her negative perceptions of Heidi's mother.

In summary, it seems that the development of the relatively healthy parental attitudes had no doubt been assisted by the parents', and especially Mrs X's, confrontation with pertinent issues surrounding the arrival of the baby and associated with the characteristics of the natural mother.

The acknowledgement of differences and the "me/us" and the "not me/us" representations. Mrs X, in particular, seemed to be functioning as an adoptive parent according to what Kirk (1964) has called the acknowledgement-of-difference pattern. She was conscious of the differences associated with adoption and did not attempt to reject or deny them. Her attitude can be seen in her rather moving explanation of how she felt about her two children being adopted:

"I do think of them as mine ... but I keep at the back of my head the thought 'they are not physically mine - their genes are not the same' ... but it sometimes strikes me that their interests are not the same ... I guess every individual has different interests but my own child might have been different ... But the children ... they're little entities, they're their own personalities, they're themselves ... I can see preferences coming out that aren't like Mr X. and me."

When the therapist asked her how she felt about these differences, she replied:

"I don't feel threatened - they're individuals ... it's taken a while (begins to cry) to feel that way - now I can say 'go your own way' and love them for who they are."

Mrs X's sense of injury associated with infertility is apparent in the above descriptions. It seems that residues of this loss continue to operate in the psychic world of this particular adoptive mother.

Reeves (1971) has argued that the surrogate mother is sensitized to the "not-me" of the baby. Brinich (1980) has taken this notion a step further in suggesting that the adoptive parents may develop a double representation of their child - our good child and their (biological parents') bad child. Mrs X's sensitivity to the "not-me" or "not-us" is clearly illustrated in the above narrations and the double representation of the adoptee can be seen particularly clearly in Heidi's case. Mrs X. commented on Heidi's lack of interest in ballet and athletics, the activities which she had pursued with such fervour as a young girl. In contrast, she considered certain of Heidi's interests and characteristics to be unattractive. The adoptive mother described her daughter's love of the dramatic and her concern with appearance - "if she could, she would wear a ring on every finger and many arm bangles" - as being alien to her own personality. Mrs X. dressed rather conservatively, she did not follow the latest fashions, and construed this aspect of Heidi as unlike her, "not-her", and as a possible expression of her daughter's kinship with her biological mother.

In summary, many of the reported experiences of Heidi's adoptive parents have vividly illustrated some of the theoretical issues considered in Section 2.2, particularly the trauma

of infertility and the double representation of the adopted child. It seems that despite the favourable assessment of the family's functioning along the dimensions outlined in the McMaster Model (Epstein, Bishop and Levin, 1978), namely communication, behaviour control, affective responsiveness, roles, problem-solving and affective involvement, and the fact that Mrs X. had received much emotional support from her husband and family at the time of Heidi's adoption, these two issues remained pertinent, as evidenced by Mrs X's vulnerability when interviewed. As discussed above, it seems that the sensitivity to the losses encountered by infertility has continued, and is possibly attributable to the lack of any structured opportunity in which the grief could have been confronted and worked through. It is important to note Mrs X's words at the time of her numerous medical investigations - "if only there'd been somebody one could have really talked to". The lack of detailed information makes it difficult to say what the effects of this pervasive sense of loss and "narcissistic injury" may have been on Heidi's development. The question of the influence of genes is very interesting. Even in biological families the unacceptable likenesses of a child are often explained in terms of biologically inherited traits such as "This one is like Uncle A." The particular quality then comes to be seen as an immediate cause of the behaviour and the conflicts between the parent and child are explained away. It is difficult to say whether the adoptive mother was noticing genuine differences or whether she was using the split representation afforded by the biological background. This issue must, of necessity, remain

open. What is apparent, however, is that the areas of potential conflict for parents and, indirectly, for the child, were not completely resolved and were still strongly emotionally cathected.

3.4 Revelation - a Discussion

The event of revelation must be viewed in the context of life events which were occurring contemporaneously: namely the attempts of the parents to have a child of their own and the operation that Mrs X. was about to undergo. The occurrence of Heidi's first symptoms shortly after revelation supports Wieder's (1977) contention that telling is traumatic and his observations of the fresh manifestation of symptoms subsequent to this event.

The way in which revelation occurred in this case is particularly interesting. The content of the communication is particularly dense; there are a number of messages given to Heidi: (a) her mother is going away; (2) there is something the matter with mummy; (3) she is going to the hospital for an operation where the doctor is going to try to make her better. This information in itself requires much digestion by the young child. However, in addition, Heidi is told (4) that she is adopted - news which of its own right, carries great emotional significance.

It can be seen how the topic of adoption is indeed a sexual piece of information as Peller (1961, 1963) has argued. Heidi is given the idea that children come out of mothers' bellies

which, in itself, may become associated with many ideas, particularly the acts of eating. However this interesting piece of information may have lead to confusion when a second unknown mummy was introduced. There is a doubling here: two mummies, two tummies and two absences - the absence of the biological mother and the forthcoming absence of the adoptive mother. The simultaneous occurrence of revelation and preparation for a brief separation from the adoptive mother may well have created an association in Heidi's mind between the loss of the past and the forthcoming loss. There may have been fear about whether the past was in some way being repeated - the mother's placing of Heidi in the care of her granny is a similar action to the biological mother's "giving her away" to the adoptive parents.

The reasons for being given away and particularly the association of this action with love were probably very confusing to a two-year old. The departures of both "mummies" may well have been interpreted in an animistic way as did some of the adoptees in the Hampstead Clinic studies (Berger, 1979; Berger, 1980; Berger and Hodges, 1982). Furthermore, Heidi's stomach-aches at school may be understood, in part, as showing her identification with the mother who had "something wrong with her tummy". Livermore (1961) has suggested that adoptees have specific problems in identification "since the adoptive mother constantly reactivates primitive unconscious fears that her own insides have been destroyed" (in Schechter, 1964 p.111). It seems that Heidi's frequent enactment of a nurse who aids the fantasized injured may be connected with her

mother's operation and may be related to a perception of her parents as "damaged". This latter idea seems to be expressed in the game of the three bears, when she plays both the part of the doctor who forcefully injects medicine into the sick mummy and daddy bears and the part of the sick baby bear who is the only one who recovers.

In summary, it must be noted that the knowledge of being adopted may have been particularly confusing in the light of the amount of sexual information that Heidi possessed (see p.153). The adoption story served as an introduction to the topic of sexuality. In Section 3.5.2 the issue of reproduction and particularly the ways in which Heidi understood the origins of babies will be discussed.

3.5 Consideration of the Material from the Perspective of the Adopted Child

In this section of the chapter, the case material that emerged in the course of psychodynamic play therapy with a seven-year-old adopted girl named Heidi X. will be discussed in much detail.

3.5.1 Adoption themes

In this subsection the focus will be on those aspects of the material that bear particular relevance to the themes directly associated with adoption. These themes will be discussed under the following headings:

3.5.1 (i) The colour of hair

3.5.1 (ii) The story of Cinderella

3.5.1 (iii) The fantasies associated with the two mothers.

3.5.1 (iv) The fantasies surrounding adoption.

3.5.1 (i) The colour of hair

The significance of hair colouring for Heidi emerged fairly early in treatment. During the assessment phase, the therapist asked Heidi to draw a picture of her family. She produced a very neat and rather accurate character portrayal of the members of her family (see Fig. 1, p.223). Using conventional spacing she placed her father and her brother at the extreme left and right respectively of the group, while she was depicted as standing next to her mother. True to life she drew her own hair as blonde. The significance of this feature became apparent through some exploration of Heidi's drawing of her dream about a birthday party (see Fig. 2, p.223). When asked if she was in the picture, she pointed to the brown-haired little girl in the red dress, but added that she would like to be the girl in the green dress with the "yellow hair". If these two drawings are considered in conjunction, the meanings Heidi seemed to associate with the colour of her hair become apparent. There is only one figure with blond hair in both sketches. In Fig. 1, Heidi's hair colour is the feature which she does not share with any family member. Similarly in the second drawing the girl with the blonde hair is placed slightly apart from the

row of brown-haired girls. This spacing and the possession of an obviously different physical feature may well relate to a sense of being different and, particularly with regard to the first drawing, may indicate feelings of not being like and not belonging fully to her adoptive family. Heidi's answers to questions about the birthday party dream drawing revealed her ambivalence towards having blonde hair. On the one hand, she liked it very much; yet having brown hair seemed to express a need to be the same as and identified with her peer group and, possibly, her adoptive family.

Viewed from a different angle, the colour of hair serves another function in the formation of Heidi's identity and her self-representation. The yellow hair may be understood as an expression or unconscious wish for a link with her unknown biological mother. For Heidi, having blonde hair implies being unlike her adoptive mother, father and adopted brother. This in turn leads to the question "Who am I like?" and the considerations "Am I like my real mother?" "Did she perhaps have blonde hair?" It is proposed that these thoughts and questions constitute unconscious and/or preconscious material.

The concerns underlying the significance for Heidi of possessing blonde as opposed to brown hair are remarkably similar to those of Maria, one of the subjects of the Hampstead Study Group (Berger, 1980) whose attitude towards her hair also related to adoption issues. For Maria, it was her hair which served as a representation of her Negroid origins and therefore of her being different from her Caucasian surrogate parents.

Equally, the feature of her hair emphasized a possible similarity with her unknown biological parents, and paved the way for the development of a sense of identity based on other shared characteristics.

3.5.1 (ii) The Story of Cinderella

Heidi's choice of the fairy-tale Cinderella as a subject for a puppet show in the final stages of therapy may, like the question of hair colour, be understood in terms of its relationship to the particular concerns of identity formation for the adopted child.

Cinderella's plight is very similar to that of an adopted child. The fairy tale starts with Cinderella's real mother bidding her farewell and asking her to be a good girl. The natural mother dies and within a short space of time the father remarries. Cinderella's new mother is not kindly disposed to her step-daughter. Nor are Cinderella's step-sisters who are "fair in face but foul at heart" (Grimm, 1962, p.164). Thus, a similarity manifests itself already - like Cinderella, Heidi has two mothers. Furthermore, the characteristics of the two mothers in the story, one good and the other unkind, connect with the normal splits in the maternal imago of the child - the 'good' beneficent mother and the 'bad' frustrating mother (Klein, 1952). In the context of adoption the figure of the adoptive mother may be idealised, whilst the imago attached to the biological mother is devalued (Wieder, 1977b).

To return to the tale, Cinderella is treated differently from her step-sisters by both her step-mother and her father. The women in the family dislike her and construe her as different to them:

"What does the good-for-nothing want in the parlour?" said they, "they who would eat bread should first earn it; away with the kitchen maid!"

(Grimm, 1962, p.164)

Cinderella's fine clothes are taken away and she is given an old grey frock to wear. The sisters laugh at her, and she is given household chores to do all day. The role that Cinderella is forced into by her step-mother and step-sisters, conveys a strong sense of being different from her family. It has been indicated how the aspect of being different is an important factor in the identity formation of an adopted child. Interestingly, throughout the fairy tale, Cinderella maintains her tie with her biological mother, namely, by remembering her, longing for her, and tending her grave, and it is through this association with her mother, through a magically directed course of events, that she is removed from an unhappy family situation and finds, in the prince, a person who sees her good qualities. It may be argued that the fit of the golden slipper represents the sense of "fittedness", of belonging, Cinderella finds in her relationship with the prince, in contrast to her treatment as a misfit by her step-family.

Lastly, the fairy tale has another significant bearing on the

case in question. Cinderella is given her name on the basis of her dirty physical appearance. The story goes like this:

"In the evening when she was tired, she had no bed to lie down on, but was made to sit by the hearth among the cinders. Of course this always made her dusty and dirty, so they called her Cinderella."

(Grimm, 1962, p.164)

There are numerous references in the case material to little girls of similar dirty appearance (for example, see Fig.8, p.226 and Fig, 13, p.229).

In summary, the significance of Heidi's choice of the fairy tale, Cinderella, has become apparent through a discussion of its bearing on adoption themes - (1) the existence of two mothers; (2) the polarised representations of the mothers; the good, and to an extent, idealised dead biological mother as opposed to the bad, depriving surrogate mother, and (3) the sense of being different in a family unrelated by blood - and to a lesser extent, its association with Heidi's preoccupation with anal concerns, in particular, dirt.

3.5.1 (iii) The Fantasies associated with the Two Mothers

One of the peculiarities of being an adopted child is the possession of two sets of parents. It is interesting to note, however, that Heidi seemed to place no emphasis on the characteristics of her natural father, and little attention was given to her adoptive father in the course of treatment. As a result, the material relating to Heidi's perceptions of the characteristics of her two mothers will form the focus of

discussion.

As Brinich (1980) has pointed out, the fact that the adopted child has little or no information about the biological parents does not prevent her/him from constructing elaborate fantasies about these parents in order to make sense of her/his adoption. Heidi's fantasies were revealed in the transference manifestations discussed below.

It can be seen how the knowledge that Heidi did have about her biological parents was incorporated into her fantasies. In the middle phase of treatment, Heidi related what she knew about the characteristics of her biological mother -

"my real mother ... she's young
she didn't have a husband ...
she was naughty ... bad."

In Heidi's mind, the therapist shared certain characteristics with the biological mother. She looked and was young, and this connection was reinforced by the fact that, like a young girl, the therapist played. The curiosity Heidi displayed as to whether the therapist had a boyfriend, seemed to relate to her knowledge of the single status of her biological mother.

Like most little girls, Heidi enjoyed activities which were considered naughty by her parents. However, for Heidi, being naughty possessed additional connotations in the light of her knowledge about her natural mother. Aspects of the representation of this mother were projected onto the therapist

as expressed in the game of 'school-school' which recurred throughout the course of treatment. Heidi would play the school teacher who was very neat and correct, whilst the therapist was instructed to be a 'naughty girl' in the class. Heidi would gain much pleasure through the noisiness and disobedient behaviour of the girl-therapist. The attitudes Heidi displayed in the context of the game revealed her ambivalence, on one level, towards the particular characteristic of naughtiness - she liked the naughtiness yet identified with the control of the teacher. On an intrapsychic level, her assumption of the role of educator may be understood in terms of her superego development (see Section 3.5.7) and as part of her growing acceptance of adult ideals and demands.

Another manifestation of misbehaviour lay in the expression of flatulence. As discussed in Section 2.4, Wieder has identified how the adoptive mother is conceptualised in asexual terms, whilst the biological mother is seen as sexual. However, if mention of the 'real' mother is first made at about the age of two or three, fantasies characteristic of the anal psychosexual stage of development may be spun around this newly introduced figure. Apart from the perception of the relinquishment entailed by adoption in anal terms, the conceptualisation of a 'sexual' mother may well be coloured by the instinctual components of that stage. Thus, as Wieder (1977b) has argued the representation of the fantasized biological mother may be contained in a 'bad', anal mother imago. The different kind of imagoes can be seen in the case of Heidi - the school teacher and the mother who orders her

children to "go to sleep" are associated with the adoptive mother, whereas the biological mother is seen in anal terms.

Exploration of a set of fantasy 'figures', namely the noises of the "farts", revealed a significant connection with the imago of the biological mother. Heidi believed that the "farts" lived with their mother in a house which was often imagined as very dirty. Characteristics of this 'fart mother' were projected onto the therapist, as illustrated by the following two incidents. Heidi sprinkled paint onto the therapist saying "I'm putting shit on you". The unconscious imago of the dirty anal mother who "would stink forever" was transferred onto the figure of the therapist through this action. In the early phases of treatment, an imaginary tea-party was held. Heidi gave the therapist "wee" and "shit" to drink and eat whilst she delighted in eating "ice-cream" and drinking "tea". The different kinds of food given, indicate Heidi's identification with the anal "fart" mother whilst the therapist is identified with the "child-farts" who are given dirty body products as food. During the later stages of therapy, Heidi related how she pays visits to the "fart's house" on her bicycle, and how she herself is given "wee and shit" for tea. Her dislike of the food provided on such fantasized occasions seems to indicate some of her fears about (1) what it would have been like to live with her real mother who is characterised by a certain amount of sadism, and (2) her association with this figure. These anxieties seem to contribute to her ambivalence about being naughty and thereby identified with the natural mother, as can be seen

by her vacillation between making farts in identification with her, and her hesitation to be naughty in the school-school game. On the one hand, the identification with the imago of the biological mother, provides a means of satisfaction of anal instinctual desires of an erotic and sadistic nature.

However, the fantasy figures of the "fart mother" and her children, "the farts", also embody aspects of Heidi's self representation. If she comes from this fantasized mother, is she a "fart" and therefore characterised by naughtiness, badness and dirtiness? Heidi's fears in this regard are expressed in her remark about the fart-mother who has "boobs like bum" out of which "poops come". She even commented that "the mother's dreadful - it makes the children dreadful". Brinich has pointed to the presence of the unconscious fantasy held by the adoptee that:

"the therapist is in fact one of the adopted child's biological parents who has returned to claim his/her child."

(Brinich, 1980, p.126)

This fantasy can be seen in the transference manifestations deriving from the natural mother, which have been discussed above. The attention Heidi drew to similarities between herself and the therapist such as "we've got the same shoes", "do you also live in a house?", and her curiosity about the therapist's private life and area of residence, may also be understood as expressions of this unconscious fantasy.

3.5.1 (iv) Fantasies surrounding Adoption

In this section, fantasies woven around the knowledge of being adopted will be considered. Peller (1961, 1963) and Wieder (1977a, 1977b, 1978) have drawn attention to the way in which the facts of revelation are incorporated into the psychical world of the child. Research carried out by the Hampstead Study Group (Berger, 1979, 1980; Berger and Hodges, 1982) has emphasized the significance of the child's construction of fantasies in his/her search for the reasons for his/her adoption.

It must be remembered that the act of adoption constitutes an abandonment and a giving away. As Wieder (1978) has argued, the communication of revelation at the time of the anal stage of development when "fantasy and reality are not clearly demarcated", may lead to the endowment of "the actual message of relinquishment" with "phase-specific fantasies of loss of object and love with a sense of actuality" (p.796). The story and fantasies may then be "transformed into fearful fantasies of the actuality of abandonment" (ibid). Heidi's fears of abandonment can be seen in (1) her sensitivity to changes manifested in her difficulties in falling asleep when away on vacation, her anxiety when her mother was delayed in fetching her from therapy and the signs of regression - sucking her brother's bottle and swimming daily - at the time of and around the family's most recent move of home; and in (2) her symptoms of anxiety in the crowded supermarket, a place where many children fear getting separated from their mothers and possibly lost.

In addition, Heidi's mother's forthcoming absence at the time of revelation, and subsequent inability to pick up and hold her daughter as usual for a month after the operation, may have endowed fantasies of abandonment and loss of object with a sense of actuality.

Such fears of separation and abandonment are of a primitive nature and may be associated with overwhelming anxiety to the extent of annihilation or even engulfment (Freud, 1926), and with aggresssion towards the abandoning and thereby frustrating figure (Klein, 1932). It is in this regard that the significance of Wieder's (1978) contribution becomes apparent. He has argued that the "literalness with which young children characteristically react to words" adds to the story of adoption vivid implications of being "gotten rid of" by a biological mother and "found" by the adoptive mother (ibid, p.796). The adoption story is construed in the language of the anal stage. Wieder (1977a) has argued that the idea of being "gotten rid of" carries an unmistakable anal connotation (p.16). Adoptees who associate babies with faeces according to the Freudian symbolic equation come to develop "a self=baby=stool image" (ibid, p.16) of themselves, which contributes to their tenuous level of self-esteem. The biological mother, as has been discussed in section 3.5.1(iii) may be represented by a bad, abandoning anal maternal imago, and her action of giving away her own child may be construed, by the adoptee as an evacuation. In Heidi's case, the biological mother seems to have been represented as a 'fart mother' who has literally "farted" her out.

Wieder (1977a) goes on to argue that this 'analysed' understanding of the events of adoption has repercussions on the nature of the self-image, at a phase in the development when self and object are poorly differentiated. Heidi's perception of herself as a "horrible" ghost and as "nus" (the word 'nice' misspelt and, according to Heidi, revealing the opposite quality) may thus be understood, on one level, as a displacement of the hatred for the abandoning aspects of both the biological and the adoptive mothers onto the self.

It is these aspects of aggression which become very important to the understanding of the case. Many of the transference manifestations discussed in Section 3.5.1 from the angle of the emotional tie with the biological mother may be understood as expressions of aggression displaced from the maternal images onto the therapist. The aggression is expressed through anal-sadistic attacks such as the production of flatulent sounds thereby filling the therapist's room with disgusting 'substances', and by degrading the therapist by naming her "silly billy" and "chatterbox". Thus, Heidi's identification with the fantasized representation of her biological mother allowed the expression of the anger she felt toward this abandoning figure. Section 3.5.6 contains a more detailed discussion of the part played by the impulses of aggression in the case.

Wieder (1977a) has contended that one of the ways in which adoptees cope with the trauma surrounding adoption is through "an illusory reversal of the actuality of the history" (p.17). An example of such a reversal occurred one session in the

final phase of treatment. Heidi had been talking about receiving "wee and shit" for tea on her imagined visits to the fart's house when suddenly very excitedly she said:

"Something terrible, terrible has happened! (jumping up and down). The fart's mother has been kidnapped and she's dead, dead."

Here, Heidi projects her own fate - in a sense, she has been kidnapped - onto the fart mother thus reversing actuality. In her fantasy it is the biological mother, not Heidi, who has been kidnapped. The idea of 'kidnapping' is particularly interesting in the light of Goldstein, Freud and Solnit's (1980b) reports that adopted children may deny their resentment about the rejection by their real parents and "imagine that they have been 'stolen' i.e. kidnapped against the parents' will" (p.37). Brinich has also drawn attention to the existence of this fantasy:

"his adoptive parents may tell him that he was "chosen" but he may choose to believe he was stolen."

(Brinich, 1980, p.187)

Although many of the fantasies surrounding adoption were explored in the course of psychotherapy, Heidi remained confused as to the reasons for adoption and the character of her real mother who was perceived in an ambivalent way, as is evident in the following excerpt from the final session:

- "Th: Your real mother is like the fart's mother
 H: No, my real real mother was very kind.
 Th: Who do you mean by your real real mother?
 H: Not that mother who brought me here-- my
 proper one, silly.
 Th: Oh, so the fart's mother can be kind?
 H: No, no my real mother's not kind because ...
 she's dead.
 Th: You think she's not alive any more?
 H: Yes, Jenny (pause)
 Th: Maybe you are so angry with her because she
 was unkind
 H: No, no she was kind to give me to them, mummy
 and daddy (pointing across the road to the
 parking area and becoming quite agitated).
 Th: But part of you feels she was unkind to give
 you away, so you have made her bad, and even
 think she's dead.
 H: (seems to accept this, becoming very quiet)."

3.5.2 Heidi's understanding of birth

Much of the material produced in the course of therapy, revealed a major concern with the question of the origin of babies. It became evident that Heidi understood birth in terms of the cloacal theory (Freud, 1908). To understand Heidi's struggles with respect to the solution of the riddle of birth, a brief consideration of the most common theories of birth and sexuality held by children is needed.

Freud (1908) argued that stories told to children by adults about birth, such as 'the stork fable' are met with much disbelief on the part of the child. He proposed that children

developed their own theories about birth and sexuality on the basis of their observations of the activities of animals, and the physical changes in women's bodies, especially those of their own mother. In addition, it was argued that the content of such theories would be strongly coloured by the expressions of instinctual drives present in the developing child. Freud (1908) believed that all the sexual theories of children contain "a fragment of real truth" (p.192) in that they originate "from the components of the sexual instinct which are already stirring in the childish organism" (ibid).

The second of the sexual theories that Freud described, has a particular significance for the case under discussion. This theory, known as the cloacal theory of birth (Freud, 1908), has its roots in the anal sexual components, and is especially prevalent during the anal psychosexual stage of development. According to this theory, the child believes that the baby grows in the mother's tummy, and is then removed from it. Since, in Freudian theory, the child at this stage of her/his development possesses no knowledge of the presence and functions of the vagina, the removal of the baby is construed as happening through the only opening through which solid material is known to leave - namely the anus. Thus, according to this infantile theory, "the baby must be evacuated like a piece of excrement, like a stool" (Freud, 1908, p.197). This cloacal concept of birth which contains the belief that there is a single cavity through which both babies and faeces emerge has, as Jones has pointed out:

"its germ of truth, for the vagina and the anus were originally one passage, in pre-mammalian animals."

(Jones, 1920, p.679)

In Heidi's case, a cloacal understanding of birth is evident. One drawing, in particular, shows this (Fig.14, p.229). The whale depicted on the upper left side of the drawing, carries a person inside it. The 'cloaca' in this drawing can be traced quite clearly - the person is contained in a single cavity which is attached directly to the mouth of the whale.

During the middle phase of treatment, when the therapist explored with Heidi, her ideas about the origin of babies and her birth, the following scene occurred:

"H: I'll show you who's my mummy (points to the clown hanging from the light fitting) ... that's my mummy and this is what happened when I was a baby.
(She takes newsheet, scrunches it up and wets it ... hesitates, looking around, ... then with much excitement throws the wet paper balls she has made onto the ceiling, onto the walls, and waves some of them in the therapist's face, laughing) Look at the show! (she swings the clown backwards and forwards and makes the fart-sounds)."

From the above incident, it can be discerned how birth again seems to be construed in anal terms: the fart-sounds and the wet balls of waste paper (a frequent copro-symbol according to Jones (1920) see p.676; Klein, 1932). The

messiness and throwing about seem to relate to expulsion and defaecation. Furthermore, there is a display of aggression in Heidi's flinging paper, which is very similar to the manifest content of her 'birthday party' dream recalled in the assessment phase:

- H: The party is fun, nice. (laughs)
 The boys fell in love with the girls.
 Th: What does 'fall in love' mean?
 H: (Laughs) The boys were kissing the girls. Everything was nice.
 And then there was a fight. A big fight.
 Th: What happened in the fight?
 H: Somebody threw a brick at someone.
 Then it wasn't nice anymore ... And then I woke up and it was alright."

The dream seems to reveal that aggression is connected with playful heterosexual attraction. The elements of anal sadism (the throwing of a brick) may relate to Freud's (1908) third infantile theory of sexuality as a battle, the sadistic theory which is based on the recollected possible sight or imagined sight of sexual intercourse ("primal scene" - Freud, 1918), fused with basic aggressive urges. It might be hypothesized that Heidi perceives the physical contact of heterosexual relationships in an ambivalent way - on the one hand, she derives pleasure as evidenced by her laughter, but on the other, she fears that it involves injury.

3.5.3 Anal-erotic trends in the material

Early in the course of treatment, instinctual components of

an anal nature could be clearly discerned. The predominant influence of these trends may be considered somewhat unusual in the case of a latency-age child for whom the pertinent issues normally centre on work, peer relationships and possibly some residues of Oedipal concerns. Moreover, a de-emphasis on sexuality is characteristic of this stage of development. In this section, attention will not be drawn to the anal-sadistic trends in the material as these will be discussed in Section 3.5.6.

The numerous expressions of anal erotic concerns manifest in the clinical material will be divided into two broad groups for the purposes of discussion: (1) direct references, and (2) communication of a more subtle nature. Descriptions of the anal-erotic character traits and typical modes of expression of the anal organization (Abraham, 1921; Freud, 1908, 1917; Jones, 1920) will be drawn upon to explicate (2).

Material referring in a direct manner to anal instinctuality emerged in the second play session. Heidi's interest in excretory processes was demonstrated by the depiction of "things coming out of" (a) the bottom of the goblin in the chimney (Fig.6, p.225); (b) the ears of first representation of the therapist (Fig.4, p.224); and (c) the nose and posterior of the orange 'portrait' of the therapist (Fig.5, p.225).

This interest continued in the material of the third session which illustrates vividly the intensity of the excitement and the quality of release that Heidi seemed to experience.

While drawing a blonde-haired figure on a background of grass

and sky (see Fig.7, p.226) Heidi related an incident when her mother had sworn ("Oh shit"), and her father had then threatened to defaecate onto the floor. Much pleasure was gained through pointing her backside towards the therapist whilst acting the part of her father. Heidi then continued to draw the tree (See Fig.8, p.226) and began to make noises with her mouth repeatedly. As she made these sounds she laughed and said, "I've farted, I've farted". It was at this point in the treatment that the theme of the oral production of sounds associated with flatulence was first introduced. The significance of this theme will be discussed in Section 3.5.3(i).

Having produced the flatulent sounds with her mouth, literally having "farted through her mouth", Heidi informed the therapist that she wanted to "trick" her. She then turned the sheet of paper around so that the top portion became the bottom, and drew "a sort of tree" at the right of which stood a girl who was "farting and vomiting and weeing". Heidi named this little girl "Poohshit". The figure on the left was drawn to enable the therapist to see (from the front) what "Poohshit" was doing, as she was originally shown from the rear. After drawing this figure, she scratched furiously, and then tore the paper down the middle (see Figure 9, p.227). Heidi then completed the reverse side of her drawing (see Fig.7, p.226), representing the figure identified as herself, whose hair colour she now changed to black, as saying, in comic-strip style, "Heidi is a pig". Exploration revealed that she "feels very happy that she is a pig", and that she "would rather be a pig than a person". Through the communication of this rich

material, Heidi seemed to voice very clearly her desire to indulge in anal pleasures; in this instance, to expel urine and air, to defaecate, and to be dirty, rather than be the clean and restrained "person" Heidi is encouraged to be.

Furthermore, the choice of a pig is remarkably interesting.

In the present context, Heidi's reference to this particular animal symbolizes the instinctual nature of her desires.

Secondly, pigs are generally regarded as dirty animals. Again a connection with anal-erotic desires to be dirty, is established.

Thirdly, Heidi's tendency to produce sounds, "farts" and "pips", usually associated with flatulence and defaecation may be understood as the vehicle of transforming her into the object of her desires - a pig which snorts and grunts.

In conclusion, these direct references to the processes and products (Fig.10, p.227) associated with the act of defaecation, occurred throughout the treatment. However, in the middle phase a decrease was noted in the frequency of the manifestations classed in group (1) (see p.181), although more subtle communications relating to the theme of anal concerns were evident. The following discussion will focus on the second group of manifestations, characterising anal-erotic traits, in a less direct way. The themes of production and fascination with the 'behind' will be explored below.

3.5.3 (i) Production through the mouth: swearing and singing

It seems appropriate at this stage to discuss an issue closely connected with the theme of the production of noises: Heidi's interest in and pleasure gained from the use of swear words.

Incidents were related of her brother being punished by their parents for using such words. It seems likely that Heidi projected some of her own wishes to swear onto her brother. After the therapist suggested this interpretation to her, Heidi, in addition to "farting" and talking about "pooh", began to use words she considered rude such as "gonkleheads" (meaning "farts") and "poops". The significance of Heidi's fascination with 'swearing' becoming apparent when the similarity of producing swear words, often referred to as dirty words, to the act of making 'farting' noises with the mouth is considered. The workings of the mechanism of "displacement from the lower to the upper parts of the body" (Freud, 1905, p.120) are indicated both by the actions of "farting through the mouth" and by the fact that the words Heidi considered to be swear words refer to the lower parts of the body (for example, "bum-hole"). The part played by this mechanism in the case will be discussed in the section focusing on symptomatology.

Through the functioning of this mechanism, producing a dirty word has become equated with producing a fart; or, expressed differently:

sound/s produced	=	sound/s produced
by the bowel		by the mouth

The words representing the lower body parts and/or body products have assumed for Heidi the same characteristics as the original objects to which they refer: swearing has come to satisfy Heidi's anal-erotic desires as much as defaecation and flatulence have. The gratification of these desires is evident in the

following discourse:

"H: My brother keeps on saying
'bumhole' (laughs) .. but
he doesn't know what it means.

Th: What do you think it means?

H: It's a hole at the back where
poohs and farts come out."

Another mode of production through which Heidi expressed her anal preoccupations was that of singing. The songs were united by a common theme: the "farts", as in her chants:

"The fart came out of the dumb-dumb's mouth",

and

"Make farts all your life, please, please,
Jenny."

The importance of singing in relation to Heidi's dislike of school assemblies and birthday parties will be discussed in Section 3.5.7.

3.5.3 (ii) Production: writing

During the course of treatment, Heidi collected a number of carefully printed sums and a neatly-ruled drawing, the 'defended house', (see Fig.17, p231) in a black-covered exercise book. The significance of this activity and of the class teacher's reports that "she tended to press very hard" when she wrote, is elucidated by Jones' argument that:

"... books and printed matter are curious symbols of faeces, presumably through the association with paper and the idea of pressing."

(Jones, 1920, p.676)

Thus, Heidi's manner of writing, together with her neatness of her productions and her collection of certain of her drawings may all be viewed as revealing her anal-erotic trends. Her tidiness in these drawings contrasts sharply with the scribbles and messiness she desires (for example, "can I spill paint on the floor?"), and may be understood as signs of reaction formation. Furthermore, it has been indicated that people with anal-erotic traits often enjoy the retention associated with hoarding and collecting (Jones, 1920; Abraham, 1921).

3.5.3 (iii) The meaning of excrement: hair and nails

The colour of hair has been discussed in relation to adoption themes in Section 3.5.1(i). However, the significance of Heidi's dislike of black hair became apparent only when its anal connotations were understood. Attention was first drawn to the colour 'black' in Figure 2, p223). When talking about the children at the birthday party, Heidi remarked "the boy in the black is funny, horrible ... especially his head". In the split drawing, (Fig.8, p.226; Fig.9, p.227) the association between black and the view from behind is revealed.

"Th: Is the little girl's face all black?

H: It's from behind, silly."

In the same drawing Heidi returned to the figure of the blonde haired girl which she identified as herself, and coloured her hair black, then going on to remark that she "is a pig". Through these actions, she brings some of the dirt and pleasure in expulsion shown through the depiction of the little girl from behind, to the foreground. The very sequence in which the drawing was produced, reveals the workings of the mechanism of displacement from the anal region to the head, and in this instance, particularly the hair. It is interesting to note that one of the Kestenberg's (1956) child analysands expressed an equation of a "darkened face with faeces" (p.269).

Heidi's conceptualisation of black hair as dirty hair, that is, hair made dirty by 'farts' and faeces is particularly interesting in the light of the consideration of a second, older meaning of the word "excrement". According to the Complete Edition of the Oxford English dictionary, this word has a second set of meanings, deriving from the Latin verb "excrecere", to grow out". "Excrement" may thus refer to "that which grows out or forth; an outgrowth, said especially of hair, nails and feathers" (p.386). Jones' view of the significance of hair provides additional support for the hypothesized connection between this feature and anal concerns. In his discussion of unconscious copro-symbols, Jones argues:

"Another obvious symbol is any dirty material, street-filth (including, of course, dung),

soiled linen and other things, dust, coal house or garden refuse, wastepaper, and indeed, waste-material of all description, for in the unconscious the ideas denoted by the words "waste" and "dirty" seem to be synonymous - the tertium comparationis doubtless being that of 'refuse'. Either disgusting or waste material relating to the body is especially apt to become thus associated ... Examples of the latter one are hair and nails, parts of the body that are apt to get dirty and which are periodically cast off."

(Jones, 1920, p.676)

Consideration of the above passage and of the older set of meanings of the word "excrement" casts light onto the meaning of Fig.13, p.229, which consists of a hand. Heidi has emphasized the finger nails. On each nail she has drawn the face of a girl with black or brown hair. This visual representation demonstrates the association between hair and nails in the sense that has been described above.

3.5.3 (iv) Interest in the behind

Another theme that ran through the material was Heidi's interest in the parts of the body. She repeatedly demonstrated her fascination with the anal regions by her tendency to draw figures from behind (see fig,8, p.226; fig.12, p.228). When the therapist explored the significance of 'Poohshits', black face, Heidi replied, almost indignantly, "it's from behind, silly".

A variation of this theme may be found in Heidi's delight in trickery and deception, manifested behaviourally in approaching the therapist from behind in order to frighten her.

A similar aim seemed to underlie the behaviour of the ghost who popped up from behind the 'haunted' house (see Fig.12, p.228). The deceptive appearance of the 'haunted' house itself as explained by Heidi, also denotes an interest in the behind:

"The house looks very pretty from outside. People are tricked and they go inside and find it's a spooky house - and then they get scared (laughs)."

Confirmation for the suggested anal connotations of this theme and its variations is found in Jones' work on the manifestations of anal-eroticism, in particular, his remarks in the following passage:

"Interest in the act of defaecation often leads to interest in the site of defaecation - i.e. the anal canal itself ... I may just mention a few characterological concerns that I have noted in the course of psycho-analysis. The most interesting one is the tendency to be occupied with the reverse side of various things and situations. This may manifest itself in many different ways; in marked curiosity about the opposite or back side of objects and places - e.g. in the desire to live on the other side of a hill because it has its back turned to a given place; in the proneness to make numerous mistakes as to right and left, east and west; to reverse words and letters in writing; and so on ..."

(Jones, 1920, p.675)

The ideas expressed in the above quotation throw light on two features of the case material which had struck the therapist as significant, but which had not been understood as expressions of anal concerns at the time of treatment.

It is quite evident that a tendency to reverse is concretely expressed in the 'split' drawing (see Fig.9, p.227), where the paper is rotated and divided to represent the girl from the rear and front i.e. we see both the front and the back of the girl.¹

Secondly, the numbers "6699" which are written on the facade of the ghost house (Fig.12, p.228) are opposites - a '6' reversed looks like a '9'.

However, it must be stressed that the meanings which have been discussed thus far, are not the sole ones; the elements of the material, like the elements of the manifest dream, are overdetermined. For example, the numbers "6699" which Heidi instructed the therapist to read as "six-six, nine-nine" and/or "sixty-six, ninety-nine" may well be related to the fact that Heidi has two sets of parents, and in fantasy, another home. Of added significance is the fact that the number of Heidi's present house was 69, although she recalled it as being the number of her previous home. Similarly, Heidi's interest in the behind could be understood in more general terms. What is behind one may be interpreted as the past. For Heidi, the past holds a particular interest; two of the most significant 'ghosts' of the past are her own biological

1. In addition, on the left-hand side of Fig.8 (p.226) Heidi drew a frontal view of "Poohshit" to complement the original depiction from the rear

parents. A discussion of the meanings associated with the series of houses produced in the course of psychotherapy and a consideration of the importance of the 'ghost', follows.

3.5.4 The series of houses

As mentioned above, Heidi drew a series of houses (Fig.6, p.225; Fig.12, p.228; Fig.15, p.230; Fig.17, p.231) in the course of psychotherapy. It is very likely that the numerous geographical moves during her early childhood, together with the more recent ones from house to house, may have contributed to the introduction of this theme. Heidi's sensitivity to changes in the location of the family residence, was evident in the occurrence of two modes of behaviour which displayed an increase in anxiety - sucking her brother's bottle and swimming every day - during the first few weeks of adjustment to their new home.

The series of houses may be considered in the light of its connection with themes of anal production and the cloacal theory of birth. In this regard all four houses share one particularly outstanding feature: a chimney out of which smoke is being emitted. The changes in the representation of this feature during the course of therapy can be seen in the depiction of the individual houses. The first house (Fig.6, p.225) was drawn in a matter of a few seconds with a brief pause while the positioning of the chimney was contemplated. Heidi informed the therapist that, due to the lack of space on the page, she was drawing the chimney on the side, although she knew

that its rightful position was at the top. In this annexed chimney, lives a goblin out of whom smoke and "things" were being emitted. In the rest of the series, the chimneys are smaller, the amount of smoke seems to decrease and the colour of the smoke varies from black to brown to red. The significance of the chimney seems to lie in its similarity to a cloaca, which is defined in the Complete Edition of the Oxford English Dictionary as:

"a common excretory cavity at the end of the intestinal canal in birds, reptiles, most fishes, and the monotremate mammals"

(O.E.D. cloaca, 2).

A chimney is a dirty column-shaped cavity through which smoke passes. Thus, its similarity of function underlies the connection with the recurrent themes of flatulence and the infantile cloacal theory of birth. After all, smoke is polluted air, and has a characteristic smell like faecal products and farts.

The development of the major themes and the exploration of Heidi's conflicts may be traced in the changing representations of the individual houses that she drew.

In the first house (Fig.6, p.225), the goblin is drawn in flower-like form. The eyes of the creature are enlarged and there are substances emerging from its ears and lower parts. The house itself resembles a human face: the large round windows could be seen as eyes together with the mouth-like door. This comparison of the house to a face becomes even more apparent when the colour of the roof is considered. The blackening of the roof may be understood in the following way:

The roof of the house is at the top; it crowns the house. Similarly, the head is the uppermost part of the body and its covering is hair. As has been discussed in 3.5, Heidi attributes much value to the colour of hair. Through the mechanism of displacement from below upwards (see p.184) black hair represents for Heidi, hair made dirty by excretory products. In a similar way, the roof as the covering of the house, is the 'hair' of the house, and the passage of the rising smoke is a concrete expression of the kind of displacement described above.

The characteristics of the first house may also be understood as relating to the theme of reproduction in the light of the fact that the child's first 'house' is the mother's womb.

A feature that links the first house with the second (fig.12, p.228), which was drawn in the middle phase of treatment, is the emphasis on excretion. This is best illustrated by the orange person in the roof of the second house, who is viewed from behind, defaecating.

The area under the roof in the house is often used as an attic or storage place. As Marc has written in his psychoanalytic study of the significance of houses:

"Until very recently, family relics and heirlooms, objects which linked us back to the past, used to be carefully kept up in the attic, in other words, under the roof."

(Marc, 1977, p.54)

Besides the attic's connection through its functions of storage and collection to anal-erotic desires, it and the

creatures located in it and very near it, (the goblin and the orange figure mentioned above), may be understood as expressions of the theme of links with the past. It was this very issue, with its close association with adoption themes, that emerged in the exploration of the nature of this second house. No doubt Heidi's production of this drawing had been encouraged by her mother's sharing with her a coloured storybook, the Haunted House (Pienkowski, 1979) in the waiting room. This book depicts a house, which literally contains pieces of paper which when pulled, make hidden objects pop up from places such as the toilet and behind cupboards and doors. In the middle phase of therapy, Heidi fashioned this house with its deceptive appearance (discussed on page and a colourful head of a ghost. The ghost, especially in conjunction with the numbers "66 99" on the facade of the house which may be interpreted as representing Heidi's two sets of parents, and the significance of the relics often found in attics as pointed out by Marc (1977) above, may be understood, on one level, as a fantasy figure linked to Heidi's past. It is very interesting to note at this point Rogers' (1969) descriptions of the turmoils felt by the adoptee whose biological parents have been "hidden" from her/him, and Frisk's (1964) argument that the lack of family background knowledge in the adoptee prevents the development of a healthy "genetic ego" which is then repalced by a "hereditary ghost" (quoted in Sorosky, Baran and Pannor, 1980, p.315).

The third house, or 'flowering' house (Fig.15, p.230) was drawn in pastel, rather than crayon at the beginning of the final

phase of treatment. Heidi did not speak about this drawing which was produced in the same session as Fig.16 (p. 230). Both pastel drawings contain the symbol of the flower, the significance of which will be discussed in Section 3.5.5. However, an impression of growth is gained from these two figures. The white walls of the house convey a sense of openness, a lowering of defenses, despite the white burglar bars on the windows.

The fourth house, or 'defended' house (Fig.17, p.231) was drawn in one of the final sessions when issues of termination were focused on. The burglar bars and the ruler-lined house point to the erection of barriers or defenses. Perhaps, even signs of reaction formation are evident in the extreme neatness of the sketch in comparison to her earlier drawings.

It is interesting to note that the playroom itself was the therapist's 'house' (furthermore in reality the playroom was situated in a small cottage). Heidi's imitation of flatulent sounds and her anal-sadistic attacks such as the flinging of the paper-balls and paint rendered this fifth house very similar to the dirty fart mother's house.

Looking at the overall series of the houses, a remarkable change can be seen. Preoccupation with instinctual gratification as manifested in the impulsiveness of the first drawings, moves through confrontation with adoption themes and the expression of aggression to the healthy erection of defences and concomitant strengthening of the ego. Shortly after the drawing of the 'ghost house', the parents reported that Heidi seemed

to be less tight and "it was almost as if she has let go of something" (Mrs X.)

3.5.5 The issue of reproduction

Much attention thus far has been given to the theme of production and to the material revealing the cloacal nature of Heidi's sexual theories. In this section, the issue of reproduction will be focused upon. Material communicating Heidi's concern with the question of origins will be discussed and an attempt will be made to show the connections between the various manifestations of the same fundamental concern.

The riddle of reproduction was approached by Heidi both through the workings of various unconscious processes, manifest in the therapeutic material, and, to a lesser extent, through the curiosity of consciousness. The association of the production of offspring with the act of defaecation, and particularly faeces, has been clearly expressed by Jones:

"The baby is ... something that in some special way has been created and formed out of faeces; faeces and children are, after all, the only two things that the body can create and produce, and the impulse to do so is remarkably similar in the two cases, especially to a young child whose feelings about its excreta are not yet what ours are."

(Jones, 1920, p.679)

As discussed with respect to the cloacal theory of birth (Section 3.5.2), the products of the anus are the first

creations, or productions that the child makes, and his/her attitude of pride, and the attribution of positive value to the faeces differs markedly from the adult attitude of shame and disgust. However, a flower, which is produced by a plant is often prized by both adult and child, yet has associations with excreta in the form of dung, or manure. Heidi's awareness of this product's pleasant associations was revealed by her placement of flowers on her own dress (Fig 1, p.223 and Fig.7, p.226) and her mother's (Fig.1), and on the note accompanying her farewell gift. The symbol of a simple flower appeared in the first session (Fig.3, p.224) and recurred throughout the treatment. It is hypothesized that this symbol served as another expression of the central concern of reproduction. Consideration of a simple botanical process reveals a connection of much significance in the case under discussion. A flower is the reproductive organ of a plant. It grows out of the soil, often fertilised by dung. Jones discusses one of the meanings he has discovered to be associated with the flower:

"The child finds in Nature plenty of confirmatory evidence for its view that charming things grow out of matter with a bad odour - e.g. flowers out of manured soil, etc., this being one of the sources of passionate delight in flowers (characteristically enough, mostly on the part of girls), which are unconscious symbols for babies."

(Jones, 1920, p.679)

At this point, it is pertinent to look at the word "soil" in

a different context, that is, in the form of the verb "to soil". Heidi's anal-erotic desires were displayed in her wishes to be messy, 'to soil', in the playroom, particularly in the latter part of the middle treatment phase.

Heidi's wish to be a pig has been discussed in the context of her needs to express instinctual behaviour of an anal nature. However, another interpretation of the symbol reveals a startling connection with the issue of reproduction. Jones, in his exploration of the derivation of the verb "to soil" argues that this word

"... is derived through the French "souiller" from the Latin "sucula" (diminutive of "sus", a pig). It might be supposed that this was in reference to the unclean habits of the animal in question, but the name "sus" was given to the animal from extraordinary fertility, which characteristic also accounts for the important part it played in cults and mythology. The word "sus" in fact comes from the Sanscrit root, "su", to beget, just as does the word "son" and the German "sohn". Closely related ideas, such as those of fruitfulness and excrement, constantly come to expression in the words denoting them, however widely they may have been separated in the lapse of time."

(Jones, 1920, p.529)

In the light of this information, Heidi's comment "I'd rather be a pig than a person" may be given a second interpretation. Such a statement may be understood as a communication of the

unconscious wish to be fertile, and therefore not like the two nonfecund people or 'persons', who have brought her up (see revelation, 3.4, where Mrs X. says "You need two people to provide for a little girl when she grows up").

The idea of fruitfulness is concretely expressed through the names that Heidi gave to some of the noises she produced orally - the names of fruits, strawberries, apples, bananas, and the seeds of fruit, the pips. It is important to note that the first noises which were made, were called the "farts" and the "poops". Then the "pips" arrived, followed by the various fruit-sounds. In the context fruit is meaningful in many ways. Firstly, fruit is a product of a plant, and is often associated with flowers. In this sense, it relates to the issue of productivity or fruitfulness. This issue is closely connected with reproduction and fertility. A woman who is fertile, bears fruit in the sense that a child is the fruit of her womb. The association of "fruit" with fertility and reproduction for Heidi is contained in the knowledge that a baby grows in the mother's tummy like a fruit. In the same way, she has no doubt been taught that an apple comes from a tree, she has heard (from her mother) and believes that a baby comes from the mother.

In summary, attempts to solve the riddle of reproduction have drawn on Heidi's stores of knowledge, both conscious and unconscious material. It seems what may be associated with known about making, that is, "farting", "poohing", and "shitting", and about growing out of, revealed even in her fascination with hair and nails, has been brought together with

the observations that Heidi has made about the reproductive processes found in nature. It seems that Heidi's awareness of the characteristics of certain fruits - for example, the pip-covered strawberries and apple pips stimulated many ideas about growth. Furthermore, the pips were associated with the sounds of defaecation, literally flatulence (pip, pip). This conglomeration of ideas may be considered a sexual theory in its own right, derived from the observation of nature rather than from the behaviour of animals in which Freud (1908) argued, some of children's ideas about the origins of babies are based.

3.5.6 Progress in therapy

Heidi did indeed change from the shy, withdrawn little girl initially described by her parents. By the end of treatment, she was able to attend birthday parties for a certain length of time after which she would indicate that "she had had enough". Mr and Mrs X. reported that she had gained self-confidence, and seemed more independent and less tense. As indicated in the discussion of the series of houses (see 3.5.4) these changes may be seen in relation to a movement from a markedly defensive style, as manifested in Heidi's approach and response to the Children's Apperception Test administered in the assessment phase, through the uncovering of strong instinctual components through confrontation with adoption themes, and the expression of aggression, particularly in the transference, to the healthy erection of defenses at termination, and a concomitant strengthening of the ego. In this section,

discussion will focus on an understanding of the progress of therapy. Particular attention will be given to the role of aggression manifested in anal sadistic trends and to the nature of Heidi's superego.

It seems that the permissiveness of play therapy encouraged the expression of Heidi's feelings, fantasies and desires which had previously been subjected to the forces of repression.

Heidi's attempts to control the therapist which appeared throughout the major part of psychotherapy may be understood, on one level, as expressions of anger both towards the biological and the adoptive mothers. As Brinich (1980) has pointed out, the transference manifestations derive from the adoptee's relationships to both these figures. The game of 'hangman' which Heidi introduced in the final phase of treatment, after she had expressed her anger more directly, for example, by enquiring whether she could hit the therapist and swinging the punchbag in her direction, illustrates this well. Heidi would think of a word and make a dash, -, for each letter. The therapist would then have to guess each letter. For each wrong guess, a part of the scaffold for the human stick-like figure would be drawn. Heidi would gain much pleasure both from correct guesses and from the therapist's failure which entailed the approach of death as evidenced by her gleeful chant "Jenny, you've almost had it". Her choice of the full name of the therapist as the target words clearly revealed the direction of her aggressive impulses. It must be noted that the hangman game seems to have been associated in Heidi's mind, with the puppet that hung from the light fitting.

Heidi had called this puppet a "clown" and had connected it to her perception of the adoptive mother. Possibly, some of the anger expressed in the game of hangman was unconsciously directed at Mrs X., who was perceived as 'clowning' or 'pretending' to be her real mother, and at the biological mother who also in Heidi's mind may have been seen as having clowned about by being naughty and by not taking seriously the full responsibility of being a mother.

However, the control of the therapist may be explained from another angle. Through attacking the therapist in an anal-sadistic way, e.g. filling of the therapist's playroom, or house, with the sounds of imitated flatulence and smearing the therapist with yellow paint representing "shit", Heidi gave vent to her aggression. However, via this projection of 'bad' parts of herself onto the therapist, the figure of the therapist in turn becomes threatening and needs to be controlled. Thus, the letter instructing the therapist to "kip quyt" and the numerous attempts to scare the therapist by approaching her from behind, saying 'boo' may be understood as such attempts at control.

Furthermore, as indicated in section 3.5.1, the game of 'school-school' throws some light on the nature of Heidi's developing superego. By playing a neat, correct and rather strict school teacher, Heidi identifies with an authority figure and thereby reveals the nature of her internalised agency of authority. At the same time, she projects her own 'bad' parts onto the therapist by instructing her to play the role of a naughty girl.

During the course of treatment Heidi's attitude towards the 'naughty girl' aspects of herself underwent a significant change. Whenever this game was played, she gained much vicarious pleasure from the girl-therapist's disobedient behaviour. In addition, she praised the naughty girl when she did her sums well. Heidi responded to the therapist's interpretation "even naughty girls can be good" by remarking "Yes, yes they can if they work hard!" then became naughty, making noises and pulling faces. When the therapist commented "the teacher can also be naughty", Heidi quickly apologised while laughing "Excuse me, I forgot myself for a moment" in her smart school-teacher's voice. This incident, together with her hesitation to show the naughty aspects of herself in earlier sessions when the teacher "was in the room", seems to support the impression of the presence of a relatively harsh superego. As Laplanche and Pontalis (1973) describe, the nature of the superego is "constituted from the internalisation of the parental prohibitions and demands" (p.436). In Heidi's case, both parents exercised firm discipline and there was a strong religious element in the home, thus indicating the possible existence of a strong superego. In addition, the severity of Heidi's superego must be considered in the light of her own anxiety about her aggressive impulses and the aggression she projects into the parental and particularly in her case, the maternal imago, as Freud has written:

" ... the original severity of the superego does not - or does not so much - represent the severity which one has experienced from

it (the object) or which one attributes to it; it represents rather one's own aggressiveness towards it."

(Freud, 1930, p.129-130)

The relationship of Heidi's superego to her maternal imago will be discussed further in section 3.5.6.

The relatively harsh character of Heidi's superego was revealed early in treatment in the following ways. She judged her own production, that is, her drawings and ability to do sums in her black-covered book, rather strictly. When she felt that her 'work' was below standard, she became angry with herself, remarking "tch, that's rubbish". The significance of successful performance i.e., "being good" in situations involving judgement and evaluation by authority figures, is apparent in the anxiety situations of school assemblies and sports day events.

As the themes of reproduction and adoption were explored, Heidi began to express her anger. It seems there was a change in self representation, as manifested by the change in the representation of the therapist from that of an initially threatening figure, to a figure onto whom positive feelings were transferred. Assuming that such projections revealed the nature of Heidi's self image, the change can be seen in the movement from negatively coloured perceptions demonstrated by Heidi's early 'portraits' of the therapist (Fig.4, p. 224 and Fig.5, p.225) to Heidi's association of the therapist with "a poodle, a maltese poodle, fluffy, cuddly, friendly" in the final stage of treatment.

3.5.7 Symptomatology

In this section, an attempt will be made to synthesize the many themes that have been discussed through an emphasis on symptomatology.

As Freud (1922) has argued, a symptom is formed as a compromise solution to a conflict. The idea that a neurotic symptom is a substitute "for some other process which was held back by repression" (Freud, 1922, p.251), is explained by Freud below:

"Every time we should be led by analysis to the sexual experiences and desires of the patient, and every time we should have to affirm that the symptom served the same purpose. This purpose shows itself to be the gratification of sexual wishes, the symptoms serve the purpose of sexual gratification for the patient; they are a substitute for satisfactions which he does not obtain in reality."

(Freud, 1922, p.251)

With respect to the case under discussion, it can be seen that the diagnosis of phobia could be made on the basis of Heidi's symptoms. The onset of her symptoms (in the supermarket) at the age of about two-and-a-half years, shortly after the revelation had taken place, must be understood in the context of the nature of her psychosexual development and of the implications of being an adopted child.

Since the outstanding clinical feature of phobia is

the underlying anxiety, the question is posed as to what may have constituted the source of Heidi's fears. Part of the explanation is associated with the gratification of anal-erotic components and anal-sadistic components. It is hypothesized that the development of Heidi's symptoms may, in part, be related to the parental restrictions on anal-erotic pleasures. The forbidding of such activities may be compared to parental reprimands in the case of little Hans (Freud, 1909), who was compelled through threats, to stop masturbating. Heidi may well have faced anxieties about the loss of love, which seem to be particularly pertinent for an adopted child for whom a loss of object in the form of the biological mother has already occurred. With the heightening of such anxieties, the anal sexual components may have been subjected to the forces of repression and a compromise formation of anxiety in supermarkets emerged as a 'solution' to the conflict.

The substitute satisfaction of instinctual urges of an anal nature afforded by the symptom, becomes apparent when the workings of the mechanism of displacement are taken into account. Heidi's anxiety in the supermarkets, and particularly her complaints "my ears hurt" are remarkable examples of the mechanism of displacement "from the lower to the upper part of the body" first described by Freud in the case of Dora (1905). Ferenczi comments on the relationship of symbolism to this mechanism:

" ... the most primary kind of symbolism is probably the equating of one part of the body with another, one subsequently replacing the other; there thus comes

about an over-emphasis on the upper part of the body in general, interest in the below half being repressed."

(Ferenczi, quoted in Jones, 1920, p.158)

In Heidi's case, the lower parts of the body and especially the anal region, have become equated with her head and particularly her orifices, namely the ears, mouth and the nose. The workings of this mechanism of displacement became patently clear in Heidi's explanation one session:

H: He (the clown hanging from the ceiling) says you are farting into your hair.

Th: How does that happen?

H: The farts come out of your back up to the back of your head and into your hair."

Among the numerous manifestations of this mechanism, which have been commented on in previous sections, another particularly clear illustration of this kind of displacement is provided in Heidi's chant-like song,

"The fart comes out of the dumb-dumb's mouth."

The mechanism of displacement upwards is crucial to the understanding of Wieder's (1977a) concept of the "anal debasement of the self" (p.16). As discussed in Section 3.5.3(i) the sounds provided by the bowel have become equated with the sounds produced by the mouth (p.184) in Heidi's mind. Furthermore, certain words have been conceptualised as dirty words (p.184) and as indicated by Fig.7, p.226 and Fig.9, p.227, certain thoughts are dirty or bad; for example "Heidi

through the mechanism of displacement upwards the 'stool' of Wieder's equation representing the improved self-image of the adoptee - "self=baby=stool" (p.16) - has become equated with 'bad' words and 'bad' thoughts. Heidi's lack of self-confidence may be partly understood in terms of the image of herself literally "as a pig" and person who thinks dirty thoughts such as those mentioned above.

However, hitherto, the phobic symptoms have been understood in terms of the prohibition and repression of anal-erotic components. Such an explanation is insufficient to account fully for the evolution of a phobia. The symptom formation must be understood in terms of the operations of two fundamental mechanisms :

- (a) Projection of aspects of self into an object/situation.
- (b) displacement onto a substitute object.

It can be argued that Heidi fears the imagined consequences of her own aggressive impulses, particularly those of an anal-sadistic nature. At this stage Heidi's case may be compared to that of little Hans (Freud, 1909). For both Heidi and little Hans, their aggressive impulses seem to have evoked anxiety in them when the figure onto which they projected their hostility - in the case of Little Hans, mainly his father, in the case of Heidi, her adoptive mother, is seen as capable of retaliation. Thus in the case of little Hans, retaliation lies in the fear of castration. In Heidi's case, the fear is one of loss of love. It is important to note that little

Hans' phobia must be understood in terms of its Oedipal setting - the above explanation has emphasized the positive form of the Oedipal complex, and not mentioned the inverted form, - whereas Heidi's symptoms must be considered in the context both of her relationship with her adoptive mother, and of the fact that she has been adopted. As Wieder (1977a) has argued, the fantasies of loss of object and love are endowed with actuality in the adopted child whose biological mother has abandoned him/her.

This element of truth serves to contribute to a heightened belief in the probability of the fulfilment of fantasies. In this way, the palliative function of fantasies is impaired by their becoming further stimulants to anxiety. The adopted child is therefore under considerable pressure to be good, as being aggressive or bad is associated in fantasy with the "possibility of retaliatory re-abandonment" (Wieder, 1977b, p.198).

Thus, the object into which Heidi appears to have projected her anal-sadistic impulses is her mother. However, her symptoms do not constitute anxiety in the presence of this figure; instead her aggressive impulses have been displaced onto substitute situations. Freud (1926) in describing the advantages of substitutive formations, has written:

"For the anxiety belonging to a phobia is conditional, it only emerges when the object of it is perceived - and rightly so, since it is only then that the danger situation is present. There is no need

who is not there. On the other hand, one cannot get rid of a father; he can appear whenever he chooses. But if he is replaced by an animal, all one has to do is to avoid the sight of it - that is, its presence - in order to be free from danger and anxiety."

(Freud, 1926, p.125)

What are these substitute situations? The noisy crowded supermarket will be considered first. One of the significances of the word "supermarket" seems to lie in its relationship to the notion of a "superma". The "superma" in Heidi's case may refer to her 'saviour', the adoptive mother, who, in adopting her, saved her from the fate of abandonment. Heidi's presence in the noisy, busy supermarket may well have provoked fears of being lost in the crowd, particularly if what Wieder (1977b), on the basis of his work with his adoptee analysands, has argued below is true:

"To be without the adoptive saviour mother even in fantasy evoked fear."

(Wieder, 1977b, p.199)

However, as Wieder has indicated, this "superma" may be seen as frightening by Heidi, due to the confusion between the two mothers, due to the ambivalence typical of the anal stage.

"While on the one hand clinging to the adoptive mother for their survival, the children also turned away from or rejected her and refused to listen to her explanations. An extremely ambivalent attitude developed. Dependence upon the "saviour" mother was counterbalanced by hatred towards the

abandoning mother. As the bearer of bad news, however, the adoptive mother also received the hatred felt for the abandoning, unreachable mother."

(Wieder, 1977a, p.17)

Thus, the ambivalence which is reinforced by the knowledge of having two mothers, makes it difficult to hurt the omnipotent adoptive mother who might repeat the actions of the biological mother by abandoning a bad child.

Both the importance of, and anxiety associated with being good or doing well, in the light of the imagined consequences of being bad is evident in her school activities (reported by Mrs X.) and in her worries about participation in school sports day. Her high expectations together with her fears about being 'bad' or naughty may also contribute to her tense nature as described by her parents, and difficulties in expressing anger.

Fear of an authority figure is again expressed in Heidi's dislike of school assemblies where the headmistress presides and often makes announcements concerning school news. This leads to a consideration of the many meanings which may be associated with the words 'new' and 'news'. On one level, the anxiety evoked by sounds and words may be understood in terms of the sounds or news of revelation, an event which had occurred shortly before the onset of symptoms. Secondly, the word 'new' is related to Heidi's sensitivity to new events or changes, to her dislike of speaking about her news in

the classroom situation, to her dislike of accompanying her mother when she purchases new things and last but not least to the idea of birth (recall birthday parties) - after all birth is associated with being new, newborn babies are often spoken about and Heidi was informed about the forthcoming arrival of her new brother. Thirdly, there seems to be a close phonetic association between the words "noise", "news" and "nus" ("nice" mis-spelt). This too seems to support an association between the anxieties surrounding the news of revelation and the injurious noises in all four anxiety situations. As mentioned above, supermarkets are rather noisy places. At birthday parties and school assemblies there is often singing and chattering. Similarly, sports events are usually characterised by the blowing of whistles, the pistol shots, and chanting and singing for various teams.

A further understanding of Heidi's avoidance of such noisy situations is provided by the consideration of Wieder's (1977a, 1977b) opinion that one of the mechanisms employed by adoptees is the avoidance of an imagined repetition of receiving "bad news". Wieder has described how the use of this mechanism may extend to the development of phobic attitudes towards reminders of adoptive status, in the form of thought and affects. It is quite plausible that Heidi's phobic avoidance of supermarkets is related to such reminders if some of the characteristics of such places are considered. Attention has already been drawn to the noisiness of the shop. The announcement of "specials" may well have bearing on Heidi's knowledge that she has been "chosen" and "is special"

(mother's words).

The fact that a supermarket is a place where food is selected again connects with the issue of being "chosen". The purchasing of goods may evoke and/or revive fantasies of "being bought" which have been reported (Goldstein, Freud and Solnit, 1980a) to be common amongst adopted children. Many of these hypotheses are confirmed to an extent, by the remarkable similarity between Heidi's phobic avoidance of supermarkets and one of the features that emerged in the case of Jim, one of Wieder's (1977a) analysands. It is reported that Jim, at the age of three years, had recalled an image "like being in a supermarket" (Wieder, 1977a, p.8) at the time when his adoptive mother was reading books about adoption to him.

Consideration of the goods arranged in the supermarket leads to the discussion of another theme to which much attention has been drawn, namely reproduction. The products in the shop may be likened to both babies and gifts according to Freud's (1917) symbolic equation baby=faeces=gift=money. Again, the question of value and exchange is involved. Perhaps, one of Heidi's deep fears is that she will be exchanged by her adoptive mother for a better child. The theme of reproduction and origins "where do I come from?" seems to relate to the anxiety experienced at birthday parties. Here yet another remarkable similarity with a case in the United States exists: Peter, one of Wieder's analysands, like Heidi avoided birthday parties:

"He was not able to enjoy birthday parties. They reminded him, as his brother's or other children's presence did, that he was adopted, despised, different."

(Wieder, 1977a, p.6)

Thus, like Peter, the anxiety associated with the celebration of birthdays, may be understood in terms of the related stimulation of thoughts about Heidi's own birth and her real kin.

Much of the above line of argument, which aims to explain the evolution of Heidi's anxieties, is supported by her protests during therapy, particularly in one session when an exploration of the origins of the farts was attempted. Heidi immediately resisted "I don't feel like talking today". After a pause, she began to sing "the fart came out of the dumb-dumb's mouth" and then told the therapist about her brother's use of the word "bumhole". Heidi explained what she understood by this word. Then a startling connection which confirms the line of argument was made:

"H: I won't be able to hear now.

Th: Why?

H: Somebody has made a fart ... what a pong you've made ... Snot is running down your nose (then talks about swear words her brother uses - "shit, bumhole, poops")

Th: Seems like you like using them too.

H: Don't talk ... stop dropping stinkbombs ... Chatterbox!

(Silence)

H. begins to sing "make farts all your life,
please, please."

Finally, attention must be drawn to the nature of the internal maternal object, or the maternal imago. As Wieder (1977a) has pointed out, the maternal imago of the adoptee is derived from two major sources (see Diagram I, p.62), the biological and the adoptive mothers. Such a maternal imago may be construed as threatening through the projection of aggressive impulses into the external maternal object, which in turn is seen as a persecutory figure who can retaliate. The retaliation seems to be couched in terms of abandonment and loss of love. As emphasized above, it is these two very fears that have actually occurred in the adoptee's life history. Thus, Heidi's difficulty in expressing her anger in the earlier parts of therapy may be understood in terms of the re-evocation of these fears with respect to the person of the therapist. However, as therapy progressed and as Heidi learnt that the therapist would not abandon her or stop loving her when she expressed her destructive impulses, aggression seemed to be associated with less anxiety and her self-representation took on a more positive character.

3.6 Conclusion

This chapter has aimed to extend knowledge in the field of adoption through a detailed study of a long-term individual case of a seven-year old adopted child. The material has been discussed in three major sections: 3.3 The adoptive parents' point of view; 3.4 Revelation, and 3.5 From the perspective

of the adopted child.

From the consideration of the limited information gained through contact with Mr and Mrs X., the significance of the losses associated with infertility, discussed in 2.2, became apparent once more. It seems that the wounds of the trauma are deep and continue to affect the adoptive parents, long after infertility is discovered. In fact, it seems that seven and a half years after the couple had first become aware of their inability to conceive, and four years after they had investigated the matter for a second time, the issue of infertility was still considerably painful and emotionally charged. Furthermore, the way in which the adoptive parents, and particularly Mrs X, viewed certain of Heidi's characteristics, suggests that a split representation did exist.

Discussion of this material also revealed the significance of the first meeting of the adoptive parents and the infant adoptee. The circumstances under which Mr and Mrs X. first met Heidi may have been exceptional, but a consideration of their impact on the parents clearly points to the importance of the atmosphere surrounding this first meeting of adoptee-adopter. In Chapter IV, the issues of infertility, representation of the adoptee, and the first meeting will be focused upon in more detail.

A number of important points were raised in the discussion of revelation. It seems that Heidi, like Wieder's analysands, manifested symptoms shortly after the event of revelation. In addition, for the adoptive mother, revelation was associated

with much anxiety. Thus, from both the mother and the child's point of view, revelation is an event of much impact. The way in which "telling" occurred in this particular case study supports Peller's notion of adoption as a sexual topic. The significant linking of a forthcoming separation with the narration of the past abandonment was discussed in terms of the endowment of fantasies with a sense of reality. This will be discussed further in Chapter IV.

Section 3.5 focussed on the experiences of being adopted from Heidi's perspective. Particular emphasis was given to the adoption themes which had become intertwined with developmental conflicts and concerns. Although Heidi was a latency age child, the material revealed a predominant concern with anal erotic and sadistic trends, accompanied by a more subtle emergence of Oedipal themes. It is difficult to determine whether the anxieties evoked by confrontation with the conflicts of the Oedipal stage led to a partial regression to fixation points in the anal psychosexual stage, in a manner similar to the symptom formation of obsessional neurosis proposed by Freud (1913), or whether difficulties during the anal stage had led to a partial arrest and inhibition of further developmental progress. It seems that the limited nature of the case material during the period of psychotherapy does not allow any definitive conclusions to be drawn in this regard. A number of other hypotheses throw some light on the predominance of anal trends in the material.

The difficulties in the negotiation of the anal stage may well have led to the establishment of points of fixation. Furthermore, the occurrence of revelation at the age of 2½ years, during the anal stage of development, possibly stimulated the weaving of phase-specific fantasies around the new information and contributed to some arrest.. Freud proposed an alternative understanding of the genesis of obsessional neurosis to the one mentioned above:

"... I suggest the possibility that a chronological outstripping of libido development should be included in the disposition to obsessional neurosis."

(Freud, 1913, p.325)

It is hypothesized that Heidi's precocious ego development - her early speech, her tendency to be a "chatterbox" from a young age, and early achievement of bowel control, may suggest the uneven drive development. As Anna Freud (1973) suggests, "accelerated ego development leads to an increase in conflicts, to neurotic symptom formation" (p.108-109). The onset of symptoms at this early age may be partially explained by this hypothesis of precocious ego development on the timing of revelation as decided by the parents will be discussed in Chapter IV.

The predominance of anal trends in the material may also be understood in terms of the evidence of Heidi's continuing belief in the cloacal theory of birth. The upholding of this belief by a latency age child may be considered in the light of the two hypotheses - partial regression versus partial

arrest or inhibition - and in the context of the limited sexual enlightenment Heidi had received.

Viewed from a different angle, Heidi's search for the solution to the question of the origins of babies and thereby, to her own origins, overlapped with concerns about being adopted, both in terms of how this had happened and, to an extent, why adoption had occurred. One of the most important aspects for Heidi's developing identity was an establishment of an emotional link with her unknown biological mother. Sections 3.5.1(i)&(ii) have discussed the particular significance of hair colour and Cinderella in this context.

It became apparent, in considering the fantasies surrounding adoption that the action of being given away was construed, predominantly, in anal terms (Wieder, 1977a). In Heidi's particular case, the relinquishment implied by adoption was associated with defaecation and flatulence. There was some evidence suggesting that an underlying fantasy of being stolen was connected with the act of adoption in Heidi's mind.

The representation of the two mothers was seen to be especially important. In many respects, the case material lent support to Wieder's (1977a, 1978) contentions about the maternal imago of the adoptee. Firstly, as Wieder suggests, the biological mother was construed in anal terms - the mother of the 'farts'. Furthermore, aspects of this 'anal' imago did indeed appear to be grafted onto the already split maternal imago deriving from the adoptive mother-child relationship. Thus, Heidi's 'internal mother' seems to have been based on her experience of external

mothering, but also elaborated by her feelings, fantasies and projections about both the biological and adoptive mothers.

The relatively severe character of Heidi's superego may be understood in terms of (a) the kind of home atmosphere, religious and rather disciplined, (b) the superegos of her own parents (Freud, 1933), and (c) the representation of her biological mother who had abandoned her, and who is thus associated with aggression and anxiety. As has been discussed both from a later Freudian view and according to Klein, the severity of the superego is related to the strength of the individual's own aggressive impulses.

The Oedipal aspects of the case are evident in Heidi's concern with the question of origins - Where do I come from? - and in her sense of developing femininity - her concern with hair, wish for long hair and attention to appearance. It seems that Oedipal themes were subtle in their manifestation and certainly did not form the major focus in the therapeutic material. There were signs of the development of a three-person relationship in Heidi's remarks about the male members of her family. Interestingly, these figures seemed to be associated with sexual and aggressive impulses. Furthermore, the tale of Cinderella to which she referred in the course of treatment, contains themes of an Oedipal nature, namely the heterosexual attraction and eventual marriage of Cinderella and the prince.

It must be emphasised that certain less significant aspects of the case which did not bear relevance to the experiences of

being adopted have not been considered. Thus, in the light of the reported feeding difficulties, it is possible that if psychotherapy had continued, concerns relating to the oral psychosexual stage of development may have been manifested more clearly. However, Heidi's tearing fig,9 down the centre is a vivid concrete illustration of the mechanism of splitting which is characteristic of the early paranoid-schizoid position (Klein, 1946) and which continues to operate during the life-cycle, especially when anxiety is aroused.

In summary, the case study of Heidi X. has revealed her struggle for identity, her inner search, which was complicated by being adopted and therefore having two sets of parents. Remarkable similarities with cases in different parts of the world (United States of America and United Kingdom) have been commented upon. Suggestions for further research along with a number of hypothesis may be drawn from the richness of the case material. These will be considered in Chapter IV.

Figures

The following drawings and paintings were produced by Heidi during the course of treatment. All figures, except figures 1 and 2 (which were produced during the assessment phase) were produced spontaneously during the period of psychotherapy. A number of mediums were available for use - paints, pastels, wax and pencil crayon. Heidi did draw on the blackboard from time to time, but those figures are not included here.

The figures are presented in the following pages with a name (assigned by the psychotherapist), the phase of treatment in which they were produced, the materials used and dimensions of the original drawings.



Figure 1

Family, assessment, wax crayon on paper, 33 x 35 cm.



Figure 2

Birthday Party Dream, assessment, wax crayon on paper, 21 x 29 cm.



Figure 3

Flower, assessment, paint on paper, 32 x 50 cm.

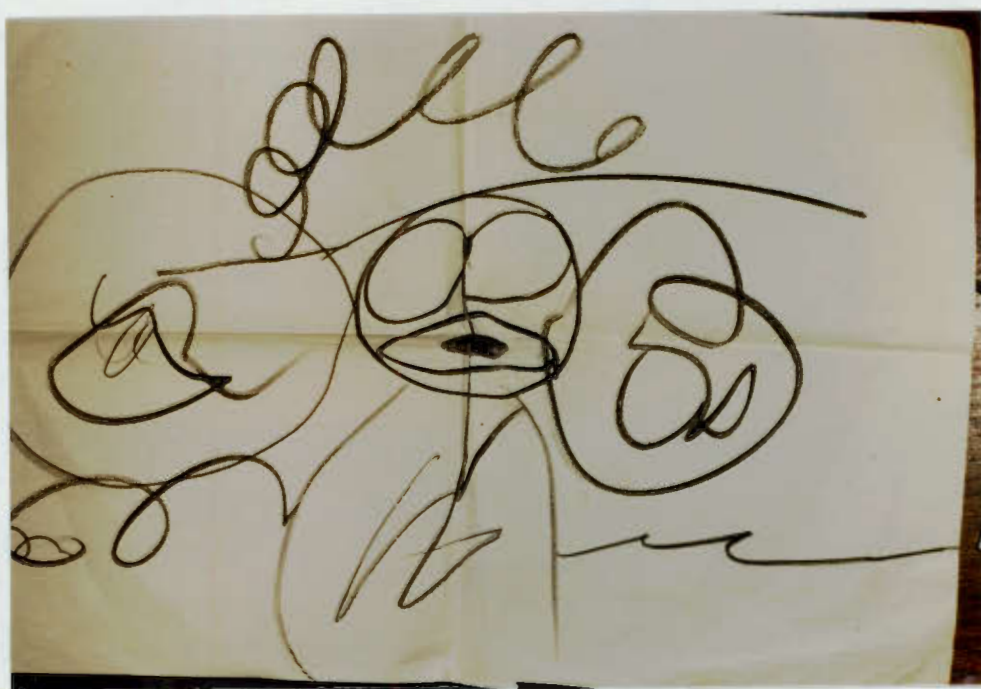


Figure 4

All Ears Therapist, beginning, wax crayon on paper, 33 x 50 cm.

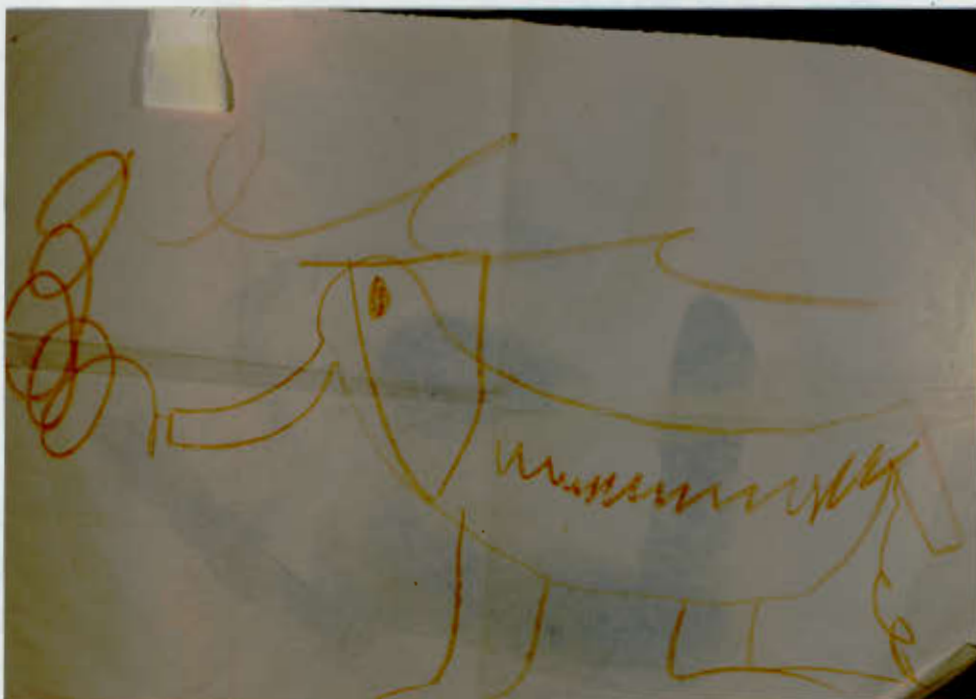


Figure 5

Nosey Therapist, beginning, wax crayon on paper, 33 x 50 cm.



Figure 6

House with the Chimney, beginning, wax crayon on paper, 33 x 50 cm.

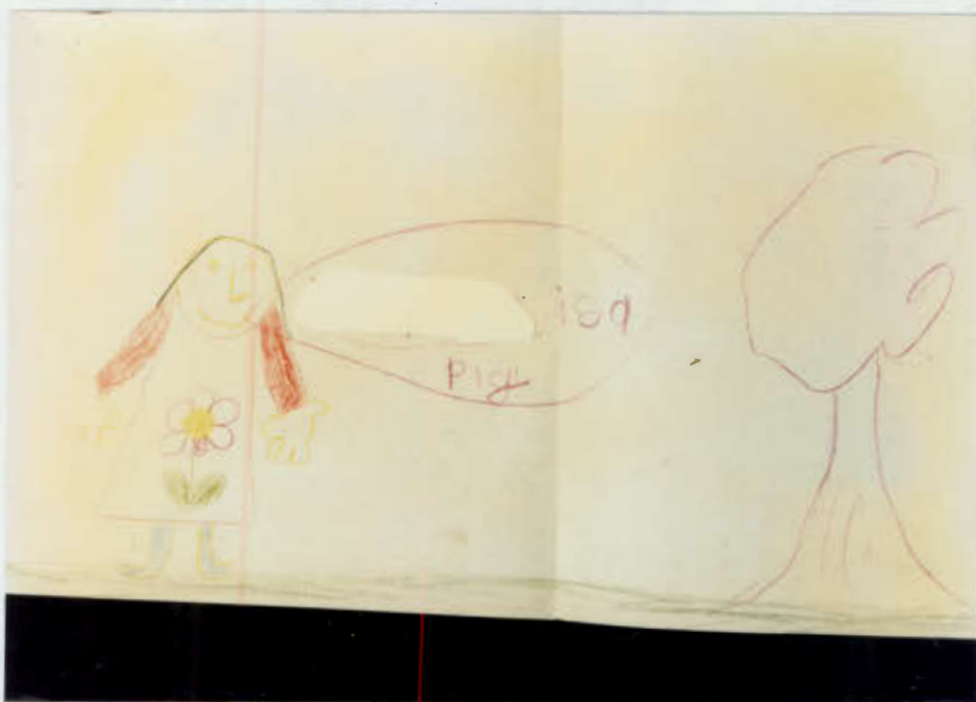


Figure 7

Split Drawing (Flower Girl), beginning, pencil crayon on paper,
17 x 50 cm.

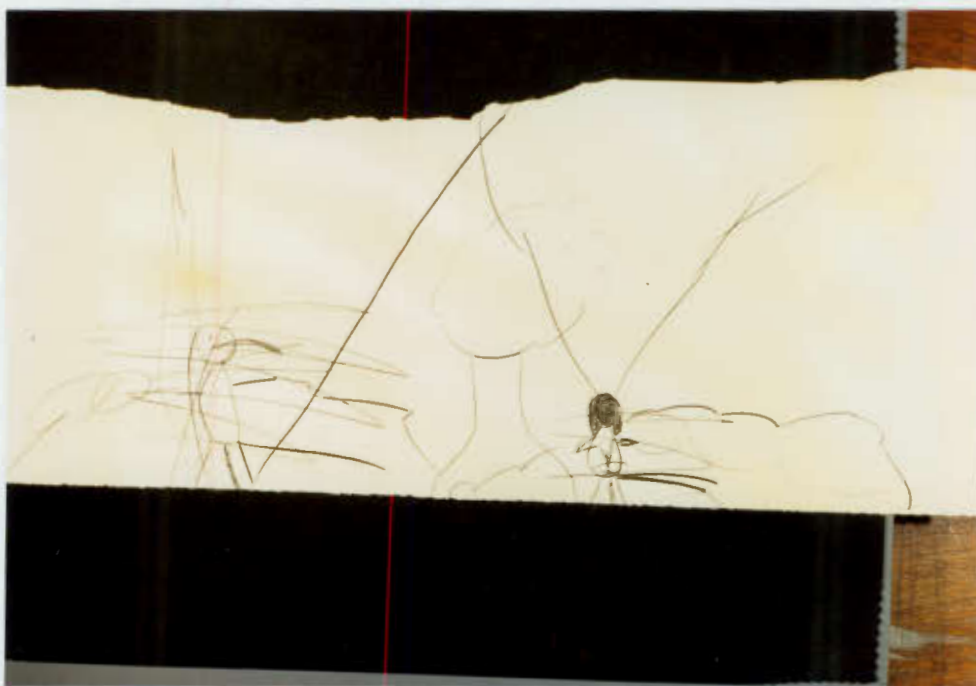


Figure 8

Split Drawing (Poohshit), beginning, pencil crayon on paper,
16 x 50 cm.



Figure 9

Split Drawing, beginning, pencil crayon on paper, 33 x 50 cm.



Figure 10

Poo, middle, paint on paper, 35 x 50 cm.

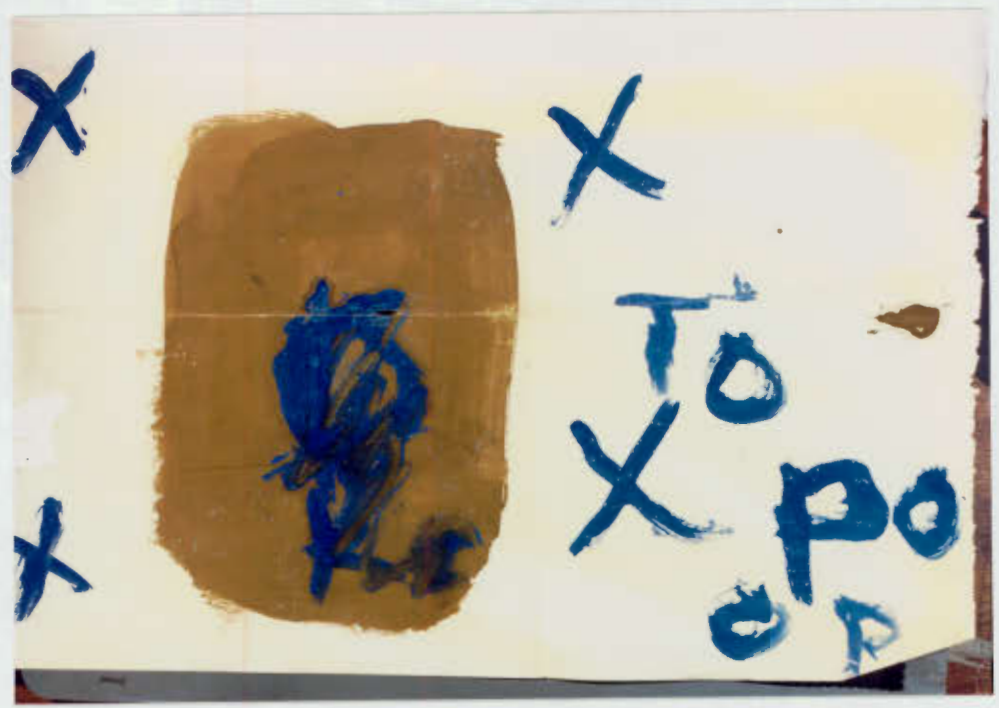


Figure 11
Letter to Poop, middle, paint on paper, 35 x 50 cm.



Figure 12
Haunted House, middle, wax crayon on paper, 35 x 50 cm.



Figure 13

Hand, middle, wax crayon on paper, 21 x 14 cm.

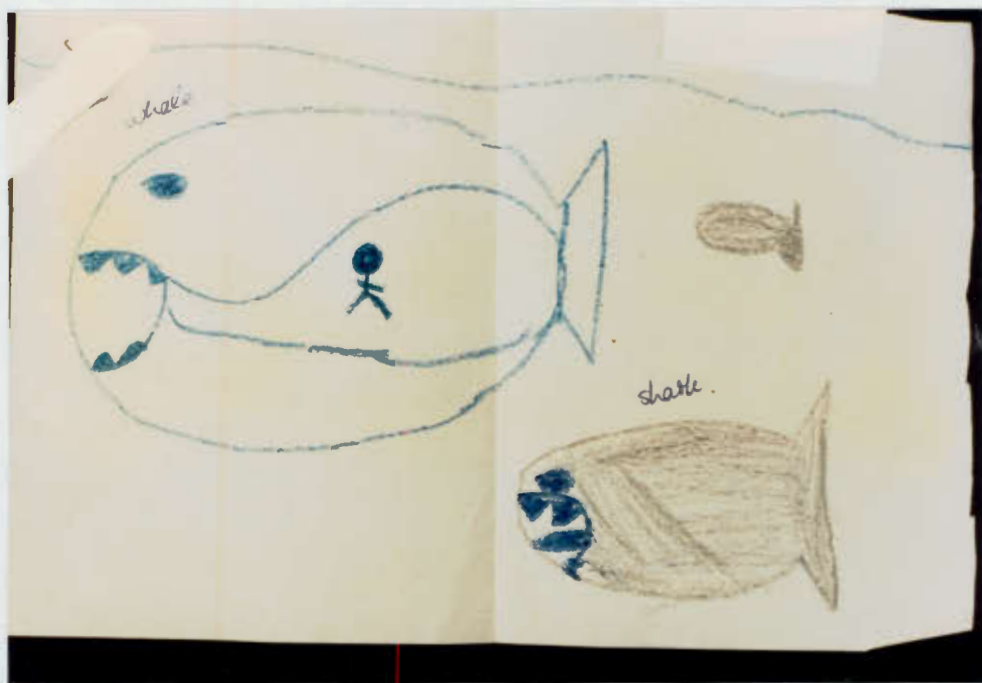


Figure 14

Whale, middle, wax crayon on paper, 17 x 25 cm.



Figure 15

Flowering House, final, pastel on paper, 35 - 50 cm.

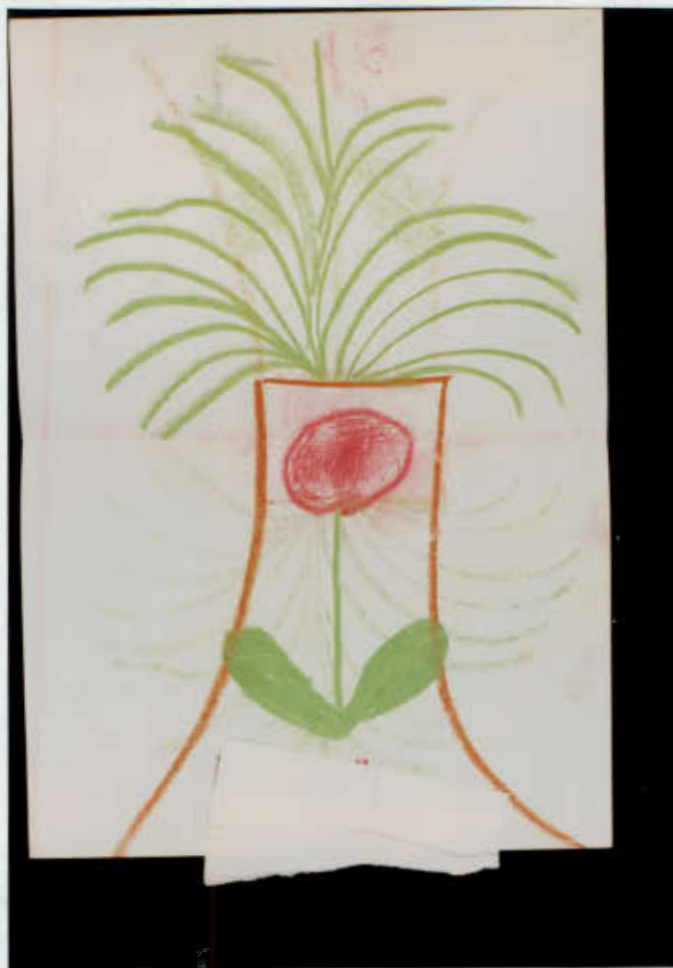


Figure 16

Flower within the Tree, final, pastel on paper, 30 x 21 cm.

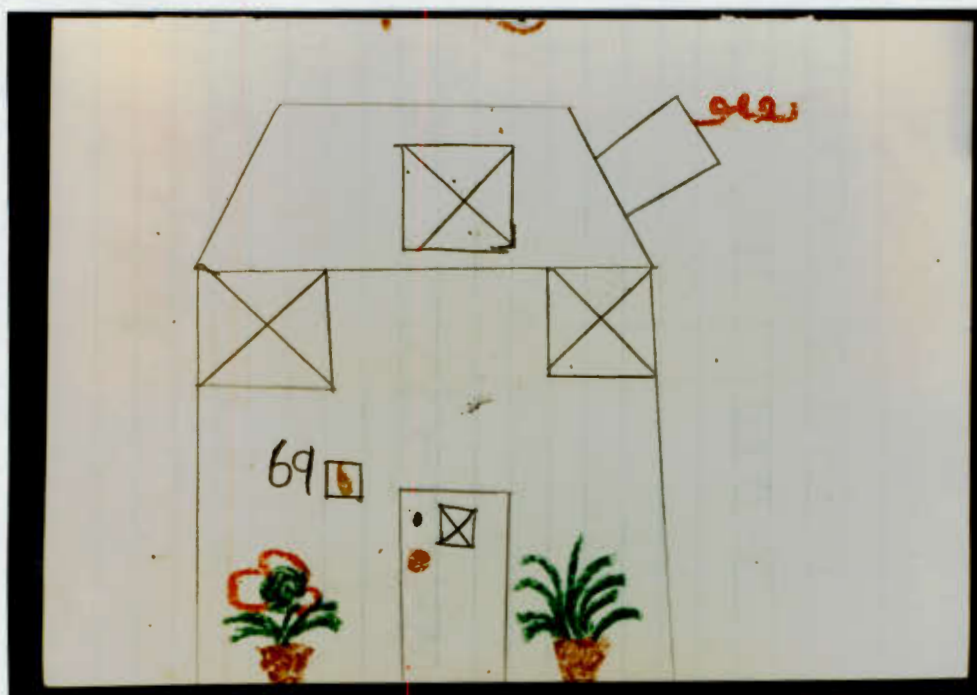


Figure 17

Defended House, final, pencil and wax crayon on paper, 14 x 21 cm.

CHAPTER IV

CONCLUSIONS

4.1 Aim

The aim of this chapter is to delineate some of the significant aspects of the psychology of adoption which have emerged both through an extensive review of the available literature in the field, and through an intensive study of a single case. Future areas of research will be indicated. Recommendations will be made both on the basis of the issues clarified in the survey of the literature, and on suggestions arising from the case study.

The material will be discussed under the following headings:

4.2 The Field

4.3 The Adoptive Parents

4.4 Revelation

4.5 The Adoptee

4.6 The Family Romance Fantasies of Adoptees.

4.7 Future Research

4.8 Summary

4.2 The Field : Areas for Future Exploration

Early extrafamilial adoption is a very broad field. Many disciplines have contributed to the practices constituting

"adoption". Psychologists have generally taken the relatively small role of assessment of the intellectual potential of the infant. However, recently, even this role has diminished with the realisation of the limited predictive value of infant tests (Rutter, 1970). But psychologists have come into contact with adoption in a second way - through dealing with the referred cases of adoptees with whom and for whom problems have arisen. In the light of the nature of this contact, adoption is beginning to be explored from a psychological point of view.

Much attention has been given to the external realities of adoption, as evidenced by the large body of literature about the essential arrangements for adoption, that is, those practised by the agencies. It seems that these institutions have, and are making remarkable efforts in the selection of adoptive parents, often coping with large numbers of applicants and limited staffing. The decreasing availability of babies, particularly amongst certain communal groups, has led to interesting changes in agency policies and practices; for example the less strict adherence to matching in the case of transracial adoptions.

This thesis has been limited to the exploration of early extrafamilial adoption, an area which differs markedly from older child adoptions and from foster care. Despite the greater amount of opportunity for the adoptive dyad to form a healthy psychological relationship relatively early, and despite the interruption in bonding with the biological mother, there are still many potential areas of conflict

which need to be considered. These will be discussed in the course of this chapter.

4.3 The Adoptive Parents

Much attention has been given recently to the study of the psychological processes accompanying biological parenthood (Anthony and Benedek, 1970; Pines, 1972; Rossi, 1968). It seems that the specific dilemmas of adoptive parenthood need also to be considered. There is evidence that parental infertility and the circumstances surrounding raising someone else's child create stresses in the adoptive situation that are different from those occurring in the biologically derived family (Deutsch, 1947; Panel, 1967). As Schechter has argued

"Too many times, however, problem areas are concealed or denied in attempts to make the adoptive situation the same as the biologic. In order not to disguise or becloud the dilemmas of adopters and adoptees, it is important to analyse the particular and unusual strains and stresses to which this nonbiologically derived relationship can be subjected."

(Schechter, 1970, p.356)

Motives

The review of the pertinent literature (Section 2.2) has revealed the far-reaching importance of the motives underlying adoption. It seems that the cases of adoptive parents cited

in the literature (Deutsch, 1945; Schechter, 1970; Toussieng, 1962) have shown a complex set of motivating factors, which affected, often negatively, the development of healthy parental attitudes and parent-child relationships. Assessment of the motivation of applicants does form part of the recommended practice for screening (Guide to Adoption Practice, 1972). It may, however, be argued that the majority of referred adoptive families are drawn from unsuccessful adoptions and/or from independent arrangements which lack the formal screening procedures followed by agency workers. Furthermore, the limited amount of time available and the basic level of psychological training which the majority of adoption agency workers have received, may contribute to a lack of a comprehensive assessment of the underlying motivations of the applicant/s. A thorough knowledge, both theoretical and experiential, is necessary for the evaluation of prospective parents in a situation which already possesses many risks. These risks will become apparent in the discussion below.

Infertility

The importance of confrontation with the crisis of infertility and the mourning of the associated losses cannot be over-emphasised. It must be acknowledged that the adoption agencies have drawn attention to this issue, as shown in the following section of the Guide to Adoption Practice (1972) which deals with infertility and childlessness:

"An evaluation should be made of the couple's efforts to obtain medical advice on and treatment of their infertility, and of the

extent and the persistence of such efforts. The medical form ... should make provision for full information about the infertility and about tests made and treatment given for it. If there is organic infertility, the report will indicate this. The fact that there may be no apparent organic or physiological causes for the infertility should not necessarily exclude the applicants from acceptance as prospective adopters, although it may be advisable in such cases to require that the condition of infertility has existed for a stipulated period of, say, at least three years. If the applicants are childless by choice - whether because medical advice has been to the effect that childbearing would endanger the wife's life, or because of some hereditary factor which makes it inadvisable to have their own children - the validity of their choice should be carefully assessed with the assistance of the agency's medical panel or medical consultant.

It is important that an assessment be made of the couple's attitude towards their childlessness. Have they made an emotionally mature adjustment to it? Is there bitterness or resentment about it? Does one partner blame the other? Emotional attitudes in this matter are not static and if a good casework relationship have been established much help can be given in resolving conflicts that may exist. The caseworker should, however, realise that such conflicts are sometimes not aroused until after the child

has been placed, and that casework help may be needed at that stage."

(Guide to Adoption Practice, 1972, p.29)

Although the above extract draws attention to this important issue and there is obviously some attempt to facilitate the resolution of certain conflicts, the understanding of the implications of the crisis of infertility is limited by its relative simplicity: it is extremely difficult to assess the degree to which a loss has been worked through and a brief period of casework focused on concerns of this nature may prove to be insufficient in certain cases. It is quite possible that some of the referred adoption cases may have involved parents who had not resolved this conflict to a reasonable degree. Furthermore, it must be borne in mind that the pain of loss may be re-evoked through subsequent experiences of loss during the life cycle. In addition, the loss of infertility may evoke awareness of previous losses in other dimensions of psychological development such as loss of self-esteem in relation to the inability to achieve. It seems that working with couples who feel biologically inferior may require an awareness of the depth of the narcissistic wounds and of their ramifications.

An assessment of the degree of negotiation or non-negotiation of the losses surrounding infertility seems to be a crucial requirement for the professional's decision about a couple's suitability for adoptive parenthood. As has been discussed in Section 2.2, a period in which the losses associated with this crisis may be confronted and worked through is recommended

before the prospective parents can review their decision to assume the responsibilities of parenting someone else's child. If a mourning period has not occurred and the losses have not been resolved to any meaningful degree, a strong likelihood exists that at sensitive points in the life cycle, such as death in the family or separations, the sense of injury associated with infertility may be re-evoked and compound new crises.

This leads to the consideration of the importance of preparation for adoption.

Preparation for adoption

Preparation for adoptive parenthood is an area requiring an enormous amount of future research. In order to plan adequate preparation for this variation of parenting, its nature, particularly its differences from the biological situation, needs to be studied. In addition, it is valuable to investigate "the specific adoptive devices" which are "brought into play even in the healthiest and most relaxed of adoptive parents and adopted children" (Schechter, 1970, p.355).

As part of an endeavour to further work in this area, an attempt has been made in this thesis to compare the experiences of the adoptive mother with those of the natural mother in the period culminating in the acquisition of a child. Briefly, the striking differences between the experiences of the two mothers seems to be in the actual period of pregnancy itself.

As recent studies of pregnancy (Kestenberg, 1976; Bibring et al, 1961;

Pines, 1978; Raphael-Leff, 1982) have shown, the psychological processes accompanying gestation and parturition serve to prepare the mother-to-be for her new identity and tasks of motherhood. A survey of the literature focused on pregnancy reveals that parent-child, and particularly mother-child bonding does not take place only at birth. The presence of the signs of pregnancy and the contact with the growing foetus, both tactile and even visual due to the techniques of ultrasound photography, enable an emotional fusion with the 'infant' to occur in the parent/s. Adoptive parents lack the communication and opportunity to form an early relationship in this way. Furthermore, for the prospective adopters, there is no certainty as to the availability of a child and, frequently, the arrival of the relatively unknown baby is rather sudden. In contrast, the pregnant woman has the opportunity (which admittedly, not all mothers-to-be make use of!) to become attuned to her infant through her adjustment and accommodation to her foetus. For the adoptive parent, much of the deep emotional experience of having a child is condensed into the moments of meeting the baby for the first time. As Winnicott (1954) has emphasized, "the emotional adjustment to the idea of adopting a baby taps very deep sources of feeling" (p.46). Section 2.2 has drawn attention to the particular obstacles that the adoptive mother has to negotiate. These include the re-examination of her relationship with her own mother who achieved procreativity while she has not, her feelings towards the biological mother, and her fears about the hereditary background of the baby she might receive.

In addition to these important differences, the actual circumstances in which adoption takes place may provide further obstacles which the adoptive parents have to overcome. Similar to the natural parents' first sight of their newborn baby, the first meeting of the prospective adopters with their child is an extremely momentous event. The experiences of the X's throw some light on the significance of the occasion. Mr and Mrs X. were deeply affected by the "casual haphazard" arrangement of their first rendezvous with Heidi, whereas they had reacted positively and had fond memories of the organized "efficient" way in which they had received Thomas. Mrs X. laid much emphasis on the condition of their respective children when they had first received them. Both parents contrasted the neglected appearance of Heidi with the cared-for appearance of Thomas, who had been beautifully presented to them, in Heidi's words "like in a glass fruit bowl". Mrs X's own words serve as a concluding comment:

"It's very important for an adoptive mother that others care and present a baby that is cared for".

Having considered some of the ways in which adoptive parents are deprived of the preparation naturally available to biological parents, the question of methods in which this lack may be compensated for, needs to be examined. Acknowledgement must be given to the form of preparation that certain adoption agencies provide. Applicants for adoption are required to join a group which meets three or four times a week, for 1½-2 hours duration, during which time they discuss

the legal aspects of adoption, the biological background and issues such as illegitimacy, incest and rape. Group membership is limited to six couples. This work of preparation is essential and extremely valuable. However, it must be stressed that difficulties arise in the assessment of the range of the applicants' feelings about the responsibilities of adoptive parenthood in the relatively short time available and in the context of a group situation. There are certain experiences which the applicant may not feel free to expose in a group situation, no matter how successfully the group is conducted. It might be argued that such areas would be explored in the individual interviews with the adoption worker. Again, problems arise. The applicants know that they have to present themselves in the best possible light, and that the agency worker, just like the group leader, is judging their suitability for adoptive parenthood. A likelihood exists that important areas for exploration may be avoided, despite the probing on the part of the interviewer. It is possible some of the 'problematic' cases of adoption may come to light during the observation of the parent-child bonding in the probationary period. However, there are still many pitfalls. Perhaps part of the solution lies in the recognition that adoption agencies have specific tasks and should be able to consult professionals with expertise in dealing with problems of procreation and parenthood in order to discuss the management of more difficult cases.

A third set of circumstances characteristic of adoption has

recently been the subject of criticism - the period of probation which lasts (in Republic of South Africa) for three months or longer, depending on legal procedures and the granting of consent by the biological parent/s. During this period visits are made by the agency worker to assess the nature of the parent-child bonding and the care which the child is receiving. The purpose of these visits is to ease the adopters into parenthood:

"By the time they take the child into their home they should fully understand that the purpose of this continued contact is a constructive one. The aims are to help them in the initial stages of their adjustment to adoptive parenthood; to discuss with them and interpret to them any problems or conflicts that might arise; to help them with the final legal arrangements for the adoption. It is important that they should regard it as a friendly supportive contact and not as a supervisory or 'policing' process. They will be more likely to regard it in this light if visits are made by arrangement than they will if the caseworker arrives without notice."

(Guide to Adoptive Practice, 1972, p.39).

It is interesting to note that one of the cases Schechter cites as an illustration of incompetent casework involved unannounced arrivals at the parents' home at 11.00 pm to check "on the way they really lived" (Schechter, 1970, p.362, case 2).

Apart from any difficulties that could arise in the relationship between the caseworker and the adoptive parents, it has been argued that the period of probation adversely affects the establishment of healthy parental attitudes. Goldstein, Freud and Solnit have contended that the chance afforded adoptive parents by adoption in the early weeks of life to develop a psychological parent-child relationship similar to their biological counterparts, is

"diminished by the statutory requirement of a trial period before adoption is finalized. Due to the uncertainty of that situation, the parents may hesitate during this period to make a full commitment to the child."

(Goldstein, Freud and Solnit, 1980a, p.22)

Brinich (1980) holds a similar view. He argues that

"Until the adoption is finalized the adoptive parents quite naturally feel that they and their children are "on probation". This situation is not conducive to the close intimacy characteristic of the symbiotic phase; it hampers the formation of a smoothly reciprocal relationship between child and parents."

(Brinich, 1980, p.110)

It is suggested that one of the adoption worker's primary tasks is to support the adopters through this time of uncertainty. It seems that movements are being made to avoid this period of probation through placing the child in a foster home or

reliable institution during the time when the consent of the biological mother is being negotiated. Goldstein, Freud and Solnit (1980a) have argued that an adoption decree should "be made final the moment a child is actually placed with the adopting family" (p.36).

Adoptive parenthood during the life-cycle

As has been emphasized repeatedly in this thesis, adoption is a process that extends over the life cycle. Problems may arise not only at the time of placement but also during the life-cycle and so intervention is needed not only at the time of the formation of the adoptive family. Brinich in his discussion of the need for preventative work with adoptive parents has stated:

"It is important to realise that such interventions are needed at several points during the development of the adopted child."

(Brinich, 1980, p.128)

If parenthood involves the re-emergence of aspects of the parents' own psychosexual development, as Schechter suggests:

"As every child goes through each psychosexual phase of development, all parents - natural and adoptive - go through a reactivation of their own analogous earlier periods."

(Schechter, 1970, p.364)

then the importance of the investigation, such as Brinich has described becomes apparent:

"An assessment of unresolved conflicts in the adoptive parents will provide some clues as to those stages in the development of the child at which the parent might be in need of outside help."

(Brinich, 1980, p.128)

From the review of the literature and the findings of the case study, a number of vital areas for possible investigation when working with adoptive parents have been identified. These are documented in Table IV and include issues such as sexuality, infertility, parental expectations of the adoptee, representations of the child, and issues of separation, feared rejection and discipline.

Summary

It seems necessary to recognize that adoptive parents are in need of special support. Much emphasis has been placed on counselling with respect to issues surrounding revelation (Kornitzer, 1976; Smith, 1963), but there are other areas, like those delineated above, which require exploration either in group psychotherapy, which has proved successful with adoptive parents (Brown, 1959), or in individual psychotherapy which would focus on pertinent issues such as those described above. The length of psychotherapy would ideally be brief - between 15 to 30 sessions (Malan, (1979) recommends 30), but would depend inter alia on the nature and severity of the problems and the motivation of the client.

TABLE IVEarly Extrafamilial Adoptive Parents

- motives
- infertility \leq $\begin{matrix} \text{loss} & \text{mourning} \\ \text{attempts to have other children} \end{matrix}$
- contact with agency \leq $\begin{matrix} \text{before} \\ \text{during} & \text{placement} \\ \text{after} \end{matrix}$
- feelings about biological background
- feelings about biological parent/s
- feelings about other people knowing they are adoptive parents
 - status issues
 - - any moves of residence?
 - - decision about who they would tell
 - - how was it received?
 - - how would they feel about joining adoptive group? $\begin{matrix} \text{parent} \\ \text{child} \end{matrix}$
- sexual relationship \leq $\begin{matrix} \text{between spouses} \\ \text{any incest?} \end{matrix}$
- assessment of their personalities \leq $\begin{matrix} \text{self image} \\ \text{body image} \end{matrix}$ and own parent-child relationships
- meeting the child \leq $\begin{matrix} \text{first impressions} \\ \text{atmosphere} \end{matrix}$
- bonding experiences .. how long was it till they felt a sense of being 'settled down'?
- early development .. how did they feel as parents?
 - - issues of breastfeeding

TABLE IV .. continued

- discipline
 - how do they feel about disciplining someone else's child ?
 - how do they discipline the child?
 - lenient
 - strict
 - how does child respond to discipline ?
- revelation
 - - anxiety
 - - other people telling
 - - did parents notice any change in the child?
- expectations of the child
 - assessment of nature of expectations
 - how do parents adjust to disappointment?
- sexual enlightenment of adoptee
- adolescence
 - - any questioning of their authority?
 - - identity issues
 - more biological background
 - attitude
 - - fears
 - abandonment
 - rejection
 - - attitude to developing sexuality
 - fears re. promiscuous behaviour
 - - attitude towards adolescents decreasing dependence
- adulthood
 - - female adoptees continued concern re repeating mother's fate e.g. unmarried mother, being raped, etc.
 - - pregnancy of female re-evoke feelings (+ & -) on part of parents, particularly Mother
 - - fertility of male - similar Father

4.4 Revelation

The discussion of revelation in section 2.3 showed the confusion and the disparate views in the field. As has been emphasized in section 2.3, many of the recommendations of adoption agencies are based on common sense solutions to practical problems of much significance. Such practices arise on an ad hoc basis, and lack adherence to any theoretical framework. Clinicians, following a psychodynamic understanding of development have begun to criticize the widespread approach of early revelation in that the developmental needs of the child seem to have been neglected in the face of an emphasis on the difficulties for the adoptive parents surrounding this event.

At present there is much dissension in the field as to the timing of revelation. Two major conclusions may be drawn:

- (a) that at whatever time revelation occurs, there will be traumatic effects - thus as Wieder has suggested attention should shift to consideration of the question "when would it be least traumatic to tell?"
- (b) that the effects of revelation must be considered in the context of a number of factors and their interaction. Thus, revelation may not affect all children in the same way.

Commenting further on (a) it seems that it is gradually becoming recognized that one cannot anaesthetize the pains associated with the discovery of adoption. Instead,

a delineation and awareness of the ways in which revelation is traumatic should be attempted.

Consideration of (b) leads to the posing of an important question: "What is it that makes revelation traumatic for certain adopted children?". As Krugman's (1967) research has shown, not all adoptees are adversely affected by revelation. Much emphasis has been placed on the parental anxiety surrounding this event - this may explain some of the difficulties. Another hypothesis may be proposed: it may well be that it is the adopted children whose ego development is precocious who may be sensitive to the negative impact of adoption. The argument goes as follows: The parents may feel that, on the basis of the child's advanced development, particularly in the cognitive realm, that he/she is ready for telling. However, as Anna Freud (1973) has contended, the precocity of ego function development may be accompanied by uneven drive development, that is, "where ego and superego development are accelerated while drive development is slowed up, or at least slow in comparison with it" (p.108). Such accelerated ego development, which forms part of the aetiology of obsessional neurosis proposed by Freud (1913), may lead "to an increase in conflicts, to neurotic symptom formation, and to the obsessional character" (Anna Freud, 1973, p.108-109). In the case of the adopted child, conflict may ensue partially through the consequences of the event of early revelation (particularly during the anal stage) in that the news may stimulate fantasies associated with aggressive and sexual impulses and thereby enhance the uneven, or disharmonious

development of different aspects of the personality.

To return to the question of the timing of revelation.

Berger and Hodges' (1982) view that there is no "best" age for telling seems valid: it does not seem possible that one age can be uniformly suggested to all parents. Possibly each child and each parent should be assessed in her/his own right for readiness - ideally the time selected as appropriate should coincide with both parties' needs. There does seem to be a long period of available time in which such an assessment could be made - possibly one of the purposes of agency contact and follow-up could be the evaluation of the 'readiness' of both clients for revelation. Berger and Hodges' view forms a sound set of recommendations:

"The very early "telling" is beset with difficulties inherent in the child's developmental immaturity; telling in adolescence is widely considered as detrimental. That leaves a wide age-range within which parents can consider the child's circumstances and his capacity to cope with the information, as well as their own readiness to impart it."

(Berger and Hodges, 1982, p.87)

The chosen child approach

As discussed in section 2.3, the approach of telling the child that she/he is chosen and therefore special has drawn much recent criticism. Although its purpose may lie in an attempt to make the child feel special, it seems that an adopted

child can develop a firmer sense of self-esteem and of 'wantedness' through his/her participation in a healthy parent-child relationship. The knowledge of being 'chosen' may place expectations on the child, and furthermore may lead to complications if and/or when he/she discovers the arbitrary nature of the processes involved in the action of adoption, that is, the restriction of choice, particularly in the light of the decreasing availability of babies.

The biological background

The issue of the biological background is a vast area that per se needs to be explored. Although details of the history of the adopted child are given to the adoptive parents-to-be, the sheets of information are frequently returned to the agency. Krugman in her discussion of the significance of the background information to the parents and to the adoptees contends that:

" .. the biological information is often most important to adoptive parents at the point of deciding on adoption, and is useful as part of their exploration into their own feelings about parenthood, rather than as a factor in establishing their identity. In fact, we have evidence suggesting that many parents forget about what they know about background information once placement has occurred. With their lesser personal concern with background information and their continuing involvement with the business of being good parents and people, they are often vulnerable

to a distorted interpretation of a child's inquiry about background, seeing this as a comment on their adequacy as parents, rather than simply, as a reflection on the child's "natural" curiosity about ancestry.."

(Krugman, 1967, p.270)

Costin (1963) in his discussion of the communication of biological background in "history-giving interviews" (p.343) raises an important point:

"Thus the social worker conducting the history-giving interviews has both an opportunity and a responsibility to help in the situation that may arise years later when the child brings questions about his background to his adoptive parents. This does not imply that we are able to give adopting parents specific answers to their child's future questions. In our attempts to help adoptive parents with this aspect of adoption we are faced with the fact that there is no large body of experience growing out of social work or psychotherapy with adults who were adopted as children. We do not know that large numbers of adopted children have wanted to know their natural parents' age, appearance, nationality, occupation or education. Perhaps they have wanted to know quite different things. Perhaps we have sometimes failed to acknowledge this problem with adopting parents, and instead have given them the feeling that we believe there are ready answers to the questions their child will bring to them about his adoption."

(Costin, 1963, p.355)

Although Mrs X. could only speak of her own two children, her observations suggest the kind of information that is sought by the adoptee. She reported that the children were curious about certain details about their birth for example, the time at which they had been born, what they had looked like when they first came out. Mrs X. had found being unable to answer these questions quite difficult. She said the "hardest part is that I'll never know and be able to tell them".

Thus the kind of information provided about the background must be seen in terms of the child's needs, rather than those of the adult parents. Detailed research into the important areas of information for the adoptee is required. The alternative source of such information is the biological parent. Sorosky, Baran and Pannor (1978) are currently conducting research into the effectiveness of adoptee-natural parent reunions.

Revelation and sexual enlightenment

Peller's (1961, 1963) contention that the adoption story is a sexual topic is an important notion. It makes sense in theoretical terms and is supported in the case of Heidi. The story of adoption contains reference to reproduction and is in many ways an introduction to the subject of sexuality. This in itself may not cause problems, although certain ideas about the act of adoption may stimulate, and to an extent, reinforce belief in the sexual theories held during childhood.

What seems of greater significance, is the amount of sexual enlightenment that adoptees do receive. Mrs X. reported that she had left sex education to the school, as she felt a little awkward about it. Exploration of this decision with the therapist revealed that Mrs X's feelings about her infertility had contributed to her reluctance to talk about this area with Heidi. She admitted that Heidi (on follow-up, at the age of ten) remained unclear as to the facts of life. Mrs X. had attempted to make use of books explaining adoption as a starting point for discussion, but had found them evasive of the central issues of human sexuality and reproduction.

Although the X's constitute only one single case and their experiences cannot be generalised to all adoptees, this finding does merit further investigation, particularly in the light of the following recommendation by Winnicott, who worked with many children and parents:

" ... the question of whose tummy the child came out of. This question interests every child in a deep way, but the adopted child needs even more than your own child the truth about insides. I could say that your own child can afford to play about with gooseberry bushes, but not your adopted child. Moreover, a little later on, your adopted child will need further information about sex which your own child can acquire in a more haphazard way. I am talking about sex in animals and not in plants. Botany is not enough.

There is a reason why all this trouble can be worthwhile. You see, you are dealing with the child's mind. The more fundamental things have roots that go deeper than thinking things out; the little child knows in a bodily way that there was a state (which we call intra-uterine life, infant care, good enough mothering) - a state out of which he or she emerged as an individual. All that you [the parent] are trying to do is to prevent the child from getting into a muddle in the mind. You are trying to give conditions that will enable the adopted child to join up all these body memoirs with thinking, imagination, understanding."

(Winnicott, 1955, p.128)

This rather hopeful message of advice to adoptive parents lends emphasis to the importance of clarity about sexual facts of life both in the light of (i) the adoptee's background where variations on the normal pattern of reproduction such as rape or incest may have occurred, and (ii) the distorted relationship between fantasy and reality as suggested by Wieder (1977a) who is of the opinion that the adoptee believes in a heightened sense of the actualisation of fantasies. It must be remembered that Winnicott, along with many other writers, (for example, Fanshel, 1972; Feder, 1974) is using the term 'adoption' in a broad sense, encompassing not only children adopted early and by non-relatives, but also older children and intrafamilial adoptions, and even fostering.

Summary

The issue of revelation is indeed a complex one. Glenn's (1974) argument that most adopted children, either consciously or unconsciously, know about their adoption and are aware of the falsehoods about adoption that the parent intentionally or inadvertently reveals, squarely undermines any attempt to cushion the trauma of revelation. However, it seems that telling is anxiety-provoking for both parents and children. Professionals trained psychologically and with an acute awareness of and acquaintance with adoption procedures should be available to parents who are experiencing associated difficulties, either themselves or with their children. As to the timing of revelation, it seems that there can be no specific pinpointing of a certain age at which revelation should occur, but rather an age range should be determined based on Berger and Hodges' view:

"We do not think that information about adoption can be given and received without a measure of pain. The important thing is to choose the time when the child has most on his side to cope with it."

(Berger and Hodges, 1982, p.87)

4.5 The Adoptee

Issues in the treatment of adoptees

There are a number of issues that have particular importance in the psychological treatment of adopted children. Those

that have been isolated from the survey of the literature and suggested by the features of the case of Heidi X. will be discussed below.

Initially, it must be stressed that the fact that a child is adopted does not in itself produce psychopathology. As Chess (1969) has argued:

"In general, the problems that arise between parents and adopted children are the same as those that would occur, given the same personalities and circumstances, if the children were not adopted. These problems, however, may be intensified in the adoptive situation."

(Chess, 1969, p.193)

It seems, on the basis of the review of cases in the recent literature and of the material in Heidi's case, that the normal developmental conflicts become intertwined with adoption themes. This is illustrated particularly in the case of Heidi with respect to the issue of origins - part of Heidi's concerns with the puzzles of reproduction was connected to her search for identity as an adoptee. Thus, it seems, and is indeed suggested that for the child the issues of reproduction and the origin of babies are closely linked with attempts at understanding adoption. Berger and Hodges comment on how this interest may be stimulated by the birth or adoption of a sibling:

"Even if the child is adopted in infancy, he may, when still very young, acquire an

adopted, or more complicated still, a non-adopted sibling. How are parents to answer the child's questions about his sibling's origins (even if they should be aware that, developmentally, he is not ready to know)? Of course, they do not have to immediately connect the answer with the enquiring child's own origins, but it is not unlikely that he will soon ask where he came from. Even without the acquisition of a sibling, what if the adopted child asks where babies come from? Again, it may be that he will not immediately ask where he came from. But when he does, what answer are the parents to give? There are no ready-made answers to these questions. What they illustrate is that the choice of what and when best to tell is, by necessity, a compromise between the child's circumstances and his own individual needs and capacity to assimilate the information."

(Berger and Hodges, 1982, p.86)

Linked to the issue of identity formation is the significance of any name change that has occurred with adoption. Although this is more likely to occur with older child adoptions, there might have been a known name (first name) change of which the child is aware in some way. Research of the Hampstead Study Group revealed the significance of the 'original' name to the crystallising identity of the adopted child and in Heidi's case, she was aware of names that her adoptive parents had considered giving her - for the sake of confidentiality these cannot be mentioned.

To turn specifically to issues arising in the treatment of

adoptees in the context of a psychodynamic therapeutic framework, the following issues seem to be important to recognise:

(1) Assessment must be made of the adoptive parents' personality development and resolution of developmental conflicts. It has become increasingly recognized that parenthood involves a re-evocation of earlier developmental stages, often in accordance with the phase of development through which the child is passing. Schechter describes this in relation to the question of infertility:

"As every child goes through each psycho-sexual phase of development, all parents - natural and adoptive - go through a reactivation of their own analogous earlier periods. Implicit in this concept is that the parents can pass from stage to stage (as does the child) to final adult psychic organization. Since the infertile do not go through the maturational phase during pregnancy, some of them are fixated at an earlier stage of psychosexual development. The possibility of stress creating regression is therefore greater."

(Schechter, 1970, p.364)

Both Brinich and Schechter emphasize how "unresolved conflicts in adoptive parents can mesh with normal developmental conflicts in the adopted child to produce an extremely pathological result" (Brinich, 1980, p.125).

Areas such as the instinctual sides of human life, and Oedipal conflicts, together with the "powerful affects and conflicts

related to the issues of infertility, illegitimacy and parent-hood"(Brinich, 1980, p.124-125) may be potentially problematic.

Turning more specifically to the intervention with the adopted child, it seems that the collection of certain information, summarised in Table V, may prove beneficial to the psycho-therapist.

- (a) The extent and nature of knowledge about the biological background including such variables as biological family composition and all background information about the members of this natural family.
- (b) Names - the child may have been given names prior to adoption, any name changes may be important to note.
- (c) The nature of revelation - at what age did it occur, as much detail as possible about the mode of telling and the content of communication, also the reaction of the child and the atmosphere in which telling occurred - for example in Heidi's case this occurred contiguously with a separation from the adoptive mother.
- (d) The nature of the early development - what difficulties were experienced? - how did the adopters feel about the assumption of their new role of parents?
- (e) Discipline - what are the disciplinary measures; is there a lenient attitude, or are there high expectations?

(2) It is suggested that the following issues be considered by the psychotherapist during the course of treatment:

TABLE VThe Adoptee

- names
- knowledge of biological family's
 - composition {
 - brother
 - sister
 - mother
 - father
- ideas about biological background
- revelation {
 - story
 - how child remembers informer and
 - circumstances surrounding event
- separations
- discipline {
 - were their adoptive parents
 - strict/lenient?
 - expectations
- siblings {
 - adopted or not
 - understanding of their birth
- sexual enlightenment and understanding
- peer relationship - any feelings of 'being different'?

- (a) From the start, it might prove beneficial for the therapist to be on the alert for the intertwining of adoption themes, particularly those associated with identity, with developmental conflicts.
- (b) Recognition should be given to the possibility that the transference manifestations may derive from both the biological and adoptive parents. It may be found that a great emphasis is placed on the two mothers. This may be understood in terms of the developing identity for girls (and the case study was focused on a girl) and the influence on the adoptee of both the content of the adoption story and the attitudes conveyed by the informer.
- (c) In many ways the action of adoption and fantasies woven around it may be repeated in the interaction of the therapeutic intervention. The likelihood of repetition may manifest in the following ways:
 - (i) The person of the therapist may be perceived as a biological mother who can abandon a child.
 - (ii) The ambivalence felt towards the 'saviour' adoptive mother, who may get rid of a naughty child may recur in the relationship with the therapist.
 - (iii) Both (i) and (ii) may lead to difficulties in separation, for example, the adopted child may be particularly sensitive to the advent of holidays and interruptions in treatment. Termination may

pose particular difficulties.

- (iv) In addition, the expression of anger may be curtailed by the fears of abandonment associated with being 'bad'. There may be an emphasis on the presenting of the positive aspects of the personality in an attempt to gain the approval of the therapist.
- (v) Closely associated with this, is the exploration of authority issues. These aspects seem particularly significant in the context of the kind of disciplinary difficulties the adoptive parents may experience - either lenient, harsh or vacillating attitudes may be present.
- (vi) A further important issue is associated with illegitimacy. It may be important to explore whether the child feels unwanted, and signs of sensitivity to any actions of the therapist in this regard may be important to note.
- (vii) It is suggested the therapist should recognize and to a certain degree, expect, a concern with the question of origins, both couched in terms of the issue of reproduction and, in a broader sense, the question surrounding identity "where do I come from? Where do I belong?"
- (viii) The possible existence of an unconscious wish that the therapist is the biological parent who has returned to claim his/her long-lost child

should be borne in mind.

It should be remembered that adopted children may be "compared to children who have experienced real losses or traumas which reinforce their neurotic conflicts" (Brinich, 1980, p.126). The trauma in the case of adoption appears to be the fact of separation from the biological mother. This may be mediated or compensated by a secure emotional tie with the adoptive parents, but even then this factual knowledge may lead to the stimulation of fantasies and thereby become problematic. As Brinich writes:

"All the psychoanalytic investigation and assistance in the world cannot undo the fact that the adopted child has been rejected or abandoned. This is one reason why adopted children present a particularly difficult therapeutic challenge."

(Brinich, 1980, p.126)

It seems that the therapist should work towards creating with the child 'a corrective emotional experience' (Alexander and French, 1946). This term was introduced in the following words:

"... re-experiencing the old, unsettled conflict but with a new ending is the secret of every penetrating therapeutic result. Only the actual experience of a new solution in the transference situation or in his everyday life gives the patient the conviction that a new solution is possible and induces him to give up the old neurotic patterns."

(Alexander and French, 1946, quoted in Malan, 1979, p.140)

For the adoptee, the therapist appears to be placed in a delicate dilemma in that she/he

"must help the child to come to terms with a real loss without repeating the loss. He must help the child to give up the fantasy that his biological parents have returned to claim him, while nurturing the child's sense of self-esteem and preserving his relationship with his adoptive parents."

(Brinich, 1980, p.127)

Concerns of the adoptee during the life cycle

In this section attention will be drawn to certain aspects of development and to a number of crucial points in the life cycle of the adopted person.

Adolescence has been seen as a difficult time for adoptee and adopter alike (Deutsch, 1945; Toussieng, 1962). Problems in the establishment of a sense of identity have been found to occur in the adolescent adoptee (Di Leo, 1973; Easson, 1973; Sants, 1964). As mentioned in section 2.4.4, adolescence may represent a time for an escalation of fears of separation for the adoptive parents. The adoptee's quest for information about her/his background may be sensed by the adopters as a potential rejection and they may fear that the adoptee embarking on such a quest will prefer the biological parents. Brinich (1980), in his discussion of the difficulties associated with the adopted adolescent's need for information about the biological background, argues that:

"Knowledge about, and experiences with one's parents usually contribute greatly to the establishment of a firm sense of identity in the adolescent (even if this firm sense is nothing more than a repudiation of the adolescent's images of his parents). The adopted child, however, rarely has access to much information about his biological parents. Ernst Kris (1956) writing on the "personal myth", emphasizes the importance of autobiographical memories to the formation of a coherent ego identity in adolescence. Adopted children, however, have a double handicap: (1) they find it difficult to locate their own personal history within that of their family; and (2) they are likely to experience their curiosity about their origins and early life as conflictual and dangerous."

(Brinich, 1980, p.112-113)

Thus, professionals working with adolescent adoptees should make a careful assessment of the multi-faceted dimension of identity. Identifications with the parent of the same sex may well prove a fruitful area of exploration for certain troubled adoptees, together with a consideration of attitudes about sexuality, particularly in the context of being adopted. Incestuous fantasies may emerge in the course of psychotherapy. Much debate (Berger, 1980; Wieder, 1978) exists as to whether incestuous strivings are intensified in adoptees as compared to blood-kin children, and if the very absence of the blood tie taboo in adoptees strengthens defenses against such desires (Glenn, 1974).

TABLE VI

Concerns of the Adoptee
during the Life Cycle

- Adolescence
 - relationship with adoptive parents
 - separation issues
 - identity
 - nature of identification
 - heterosexual relationships
 - search for biological background
 - information and/or natural parents

- Adulthood
 - commitment / heterosexual relationships
 - marriage decisions
 - link with generations
 - who and whether to tell re. adoption
 - issues of procreation
 - continuing relationship with adoptive parents

During the remainder of the life cycle, certain critical periods may be complicated by the experiences of being adopted. Thus, for example, the decision to get married may reactivate thoughts about one's biological family. In addition, the issue of whether to tell the spouse-to-be about adoption also emerges. The adoptee's decision to become a parent may too re-evoke awareness of the break in the continuity in the generations. Furthermore, as indicated in Table VI problems may arise in the adopter-adoptee relationship when it is discovered the adoptee is able to have children of his/her own. This discovery may create envy on the part of the adoptive parents, but equally the gain of grandchildren may serve to compensate for their original injury of infertility. Importantly, the birth of a blood relative to the adoptee may serve as a link with the biological past (see 2.4.5). It seems that an area for valuable research is the exploration of the experiences of motherhood for the mother-to-be who has been adopted herself.

4.6 The Family Romance Fantasies of Adoptees

Much attention has been paid to the nature of the family romance fantasy in adoptees; conflicting reports of the nature of such fantasies have appeared in the literature. Krugman (1967) has found fantasies of a 'positive' nature, that is, of exalted figures, whilst Wieder (1977b) has related the negative character of such fantasies to the kind of representations that his analysands formed on the basis of the information they received about their adoptive parents. It seems plausible

that the way/s in which the figures of the family romance are construed may be associated with the child's elaborations of the knowledge obtained about his/her biological family.

In Heidi's case, for example, the emphasis in the story told about her adoption, on the necessity for two people to provide for a little child, seems to have stimulated fantasies about a materially poor biological relative.

Wieder has proposed an interesting explanation of the manifestation of positively coloured or paradigmatic family romance fantasies. He suggests that a positive version of the family romance may, on further exploration, be shown to be a covering or screen for the deeper fantasy of devaluation and that negative emotions, like rage, underlie any positive manifestations. He emphasized this observation stressing it:

" ... as a cautionary suggestion that when adoptees reveal what might appear to be a paradigmatic fantasy, continued analysis may show the failure to maintain the attempt at idealization of the imagined parents."

(Wieder, 1977b, p.199)

However, if the parental imago has been cathected with a larger amount of negative cathexes than normal, as has been seen in the case of adoptees (Berger, 1980), the figures contained in the family romance fantasy may be coloured by the internal representations derived from the experiences, imaginary and real, with, and of, the biological and adoptive parents. Part of Freud's argument about the family romance is that the fantasized new parents are endowed with qualities

derived from the internalized perfect parents of earliest childhood. Widzer has elaborated on this theme, and expresses his understanding succinctly as follows:

"In his struggle to escape from the contemporary bad parents, the child turns to the idealized parents of his infancy, and thus, ironically, does not succeed in removing the parents, but instead exalts them."

(Widzer, 1977, p.570)

Thus, for the adopted child, who in reality has two sets of parents, the family romance fantasy may be understood as another form of an adoption fantasy. As discussed in Section 3, the adoptee seems to need to establish an emotional tie with the biological parent and this may be created through the vehicle of fantasy. The fantasies of adoptees reported in the literature would belong to what Freud has called the first asexual phase of the family romance. Disavowal by the child of both parents distinguishes this first phase, whilst the second stage, the "sexual phase", prompted by the child's awareness of "the sexual determinants of birth" (Freud, 1909, p.223) is characterised by the relinquishment of only one parent. In the literature pertaining to adoption, however, there seems to be no mention of these different phases. If, as Freud has suggested, movement from one phase to another is prompted by the acquisition of sexual knowledge, the question is raised whether adoptees might experience difficulties in the transition from one phase to another in the light of the limited and/or confusing

sexual enlightenment that they might receive. It seems that research is needed to test out this hypothesis and to systematize the work on the family romance. Classification is also needed on the differentiation between the two phases, as more recent authors (such as Widzer, 1974) have made the differentiation at different points in the child's development to those implied by Freud. Laplanche and Pontalis (1973) perceive the family romance as being grounded in the Oedipal stage. However, there is much debate as to the timing of the Oedipal stage, as different schools of thought (for example, Klein) place it earlier than Freud. Furthermore, Freud, himself did not specify any particular age at which the child would become aware of the sexual determinants, nor did he demarcate any age at which fantasies of the second phase might emerge.

4.7 Future Research

It has become quite apparent that the field of adoption needs to be investigated far more extensively from a psychological perspective. Proposals for future research are discussed below:

The adoptive parents

Research could be directed at the identification of critical points in the life-cycle at which adoptive parents are likely to experience difficulties. Some attempt has been made in this thesis to indicate areas of possible difficulty which may aid clinicians when working with adoptive parents and adopted

children (see Tables IV,V and VI). However, more detailed investigations, for example, the exploration of the nature of the adoptive parent-child bonding are needed. Observational studies might be particularly suitable for exploring these aspects of early parenthood.

Revelation

A review of the relevant literature, and discussions in the preceding chapters have shown that revelation is an emotionally charged issue for adoptive parents and adoptees, and a controversial topic for writers in the field. The relatively recent psychoanalytically oriented research has laid emphasis on the need for the assessment and consideration of the child's developmental 'readiness' for 'telling'. Although this recommendation is a valuable contribution, there is no evidence available to suggest that revelation is traumatic in the same way for all adoptees. The interaction of a number of complex factors should be considered: for example, the ego strength and drive development of the individual child, the anxieties of the parents and the way in which revelation occurs. What seems to be needed is an investigation of how adoptees do respond to the 'telling': not only are more retrospective accounts from older children and adult adoptees needed, but also a detailed investigation of the immediate and short term effects of this event is called for. Through such investigation, hypotheses such as Wieder's (1977a) that revelation is perceived as a traumatic event leading to a temporary regression to dependency and the fresh manifestations of symptoms, need

to be tested out. It is likely that certain groups of children will be affected by revelation in different ways. It seems important that further research should aim at identifying these groups and describing the characteristics of their members together with those of the member's adoptive families. In addition, research is needed to investigate the ways in which children adapt to the trauma of adoption. Factors such as individual differences with respect to ego development, cognitive understanding, and the emotional atmosphere of the home, the attitudes of the parents towards the adoption and revelation, together with the attitudes of relatives, neighbours and other children might all be considered in the light of their relative facilitation or obstruction of the child's adaptation to revelation. It must be borne in mind that the traumatic effects of telling have been noted in adoptees undergoing treatment (Berger and Hodges, 1982; Wieder, 1977a, 1977b, 1978). There is also a need for the investigation of the effects of telling in non-clinical populations.

Lastly, the hypothesis that has emerged in the course of this thesis, that the precocious ego development of certain adoptees may prompt the adoptive parents to reveal to the child at a young age, when he/she is not emotionally ready, that he/she is adopted, needs to be tested out with a large number of subjects.

The adoptee

The recommendation of the Panel on Adoption held by the American Psychoanalytic Association (Schechter, 1967) for more individual

case studies of adoptees to be undertaken is strongly supported. Individual case studies may serve the important function of elucidating the inner search for identity of the adoptee, together with investigating more specific issues such as the influence of the problem of conflicting identifications on the adopted child's structuralisation, the strength of the incest taboo in adoptees (Berger, 1979) and the nature of the family romance fantasies.

Furthermore, there is a need for studies of the concerns of the adult adoptee, particularly the further exploration of points in the life-cycle which may be complicated by the experiences associated with being adopted (see Table VI).

A specific area needing investigation seems to be the crisis for the adoptee of starting a biological family. Raphael-Leff (1982) in her article on the psychotherapeutic needs of mothers-to-be has argued that being adopted is a personal risk factor in pregnant women:

"... a woman who has herself been adopted as an infant is particularly vulnerable during pregnancy, as it invites a split in her identification between her natural and adoptive mothers and a revival of the primitive belief that she cannot conceive because her adoptive mother could not and cannot retain the infant because her natural mother could not."

(Raphael-Leff, 1982, p.10)

The factor of being adopted may also affect the decision of whether or not to continue a pregnancy:

"An adopted woman might also have the problem

of an unwanted pregnancy ("You see I don't mind if my baby does die in birth - I've prepared for it: I couldn't have an abortion 'cos I've no right, my mother chose not to abort me so what right have I to do so to someone else - but I'm not going to give the baby any help")."

(Raphael-Leff, 1982, p.10)

Not only the experiences of pregnant adopted women but also the experiences of adopted fathers-to-be, appear to be fruitful areas for research.

Re-unions

Sorosky, Baran and Pannor (1978) have begun to explore an important avenue of research in their work on the experiences and attitudes of birth parents towards adoption and the effectiveness of re-unions between adoptees and their biological families. This new field of research is relatively unexplored, particularly in the South African context.

Methods of research

A number of research methods would be appropriate to investigate the areas suggested above. There is a great need for long-term case studies such as those being reported by the Hampstead study group. Observation techniques could be employed to study adoptive parent-child bonding and both the content and processes of groups for adoptive parents and adoptees could be explored. Carefully designed follow-up studies of the various kinds of adoption would prove fruitful.

In summary, it seems that the different questions posed in the field of adoption need to be explored with a number of research methods. Investigators should be aware of the appropriateness of their research design for testing the research questions and limit their conclusions rather than fall into the trap of generalization as certain researchers have done in the past (see Chapter I, p. 28).

General

The major focus of this thesis has been on referred adoptees. Many of the hypotheses considered in this thesis need to be tested out not only with large numbers of adoptees, both referred and non-referred, but also with samples of fostered children and intrafamilial adoptees. An interesting study may lie in the comparison of the experiences and difficulties of evacuated children (Winnicott, 1945a, 1945b) with those of adopted and foster children. Finally, research into the adoption practices of different cultures may provide important insights - Brinich (1980), in discussing the cultural relativism of his views, has drawn attention to the systems of adoption developed by the tribes such as the Hopi, and the Gusii in Kenya.

4.8 Summary

In the introduction to this thesis it was noted that early extrafamilial adoption is a relatively under-researched field. The lack of extensive investigation has been repeatedly stressed,

and possible areas deserving study in the future have been outlined.

One such area is the adopted person's quest for identity; a quest which is complicated by the fact that the adoptee has two families. Such searches for identity, however, do not only involve access to birth records, information about the biological background and re-unions with the natural parents. They are also inner searches on the part of the adoptee: attempts to provide answers to the questions "Who am I?", "Where do I come from?", "Where do I belong?" in the context of the additional factor of being adopted. It thus seems valuable to view such quests as consisting of both external and internal elements.

In addition, it seems that adoption is not a time-bound event restricted merely to the period surrounding the act of adopting a child. It is rather a continuing influence on the individual's life; an influence which interacts with intrapsychic forces, conflicts and external changes. A developmental perspective of adoption is useful in that it makes comprehensible the recommendation that continuous help be made available to adoptive families.

Lastly, a number of issues of a more theoretical nature such as the incest taboo, superego formation and the negotiation of the Oedipal phase have been indicated as needing investigation in the context of adoption. Although some of the suggestions made are necessarily tentative, they highlight the dearth of psychological understanding of this frequently encountered variety of family structure.

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